Pag Dist No

_										Keg. Dist.	140.	
	PLACE OF DEATH	oll		MARYL		o. STATE	Maryl		ived. If instituti b. COUNTY	on: Residence Baltin		mission)
1	b. CITY OR TOWN (If RURAL ond give nec	outside corporate limits, prest town)	write	c. LENGTH OF STAY	N 16	c. CITY O	R TOWN (If	outside corporol	e limits, write R	URAL ond give	e nearest t	own)
	Sykesvil	10		7 m 17 d				town, Md	•	35X-	-2	
	OR INSTITUTION	AL (If not in hospitat, giv	e street	oddress)			ADDRESS				e. tS Of	RESIDENCE A FARM?
		d State Hos	pits	1		43 1	ianove	r Rd.			YES	□ NO D
3. 1	NAME OF DECEASED (Type or print)	First Edwin		Wallace		Bar	ost	4. DATE OF DEATH	Mon 5	th	Day 16	Year 1959
5. 5	SEX	6. COLOR OR RACE	- MARE	RIED NEVER MARRIE	8. 1	DATE OF BI	RTH	9.	AGE (In years lost birthday)	Months Do	_	
	Male	White	VIDOW	ED DIVORCED		3 - 10	-73		86 yrs.	Months	ays Hou	rs Min.
a	. USUAL OCCUPATION during most of working	N (Give kind of work do ng life, even if retired)	ne 10b.	KIND OF BUSINESS OR	INDUSTR				ntry)			TCOUNTRY
_	Insur. Man]	Insurance			Varyla	nd		U.S.	A.	
3.	FATHER'S NAME						'S MAIDEN					
		D. Bartol				E	Lizabe	th Murp	hy			
s. Yes	WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.		PRMANT			Add	ress		
	no		1	ınkn	S.	S.Hos	pital	Records				-
	and the second s	TH [Enter only one cous	e per li	ne for (o), (b), and (c).]	1,735	ALC: U		1			INTERVAL	BETWEEN ND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (0)_	Ar	teriosclero	tic c	ardio	vascul	ar dise	ase		yea	
	422.1	DUE TO									0.03	
	Conditions, if on											
	gove rise to im cause (a), stating t	NIE TO								- 100		
	lying couse last.) (c)										
CALICA	C.B.S. ass	oc. with ce	reb:	contributing to DEA ral arterio	scler	osis,	with	psych.	react10	EN IN PART 1	(o) 19. W/PEF	S AUTOPSY FORMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature	of injury in	Port I ar Part II	of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. II While at wor	_ Not while_	20e. PLACE foctor	OF INJURY, street, of	(Home, forrice bldg., etc	m, 20f. (City o	r town)	(Cou	inty)	(Stote
	21. I certify the	at I attended the a	deceas	ed from 9	- 29	- 19.5	8 to	5 - 15	- 599	that I last	saw the	decense
ı	alive on	- 15 -		59 , and that				M. fram th	e couses an	d on the c	date stat	ed obove
	5	1	D	**				ADDRESS (Street	et, city or town,	stote)		ATE SIGNED
	ACTUAL SIGNATURE	mund	fr	shan	M.E	Spr	ingfie	1d Stat	e Hospi	tal	5 -	16-59
	BUVEICIANDE											
	PHYSICIAN'S NAME (Type) EC	lmund Lusth	aus	M.D.		Syl	esvil	le, Mary	land.			
20		1, 22b. DATE THEREOF		22c. NAME OF CEMET	TERY OR C	REMATORY			ON (City, town,		(5	itote)
F	REMOVAL (Specify)	May 18.1	959	Druid Ri	dee			Pike	sville	,Md.		
3.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC	D BY REGISTRA	R 24b. REGI	STRAR'S SIGN		
	A ST. STITT	ne & Sons	, ne	Isterstow	n,Md	•	DATE TO	MI 1.0 20	0,			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after demay be retained by a popital or attending physician.

TO FUNERAL DIRECTO. After this certificate has been signed by the ottending physician and completely filled in by the folloage 3 shauld be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the registror prior ta burial, cremation, or removal, and in any event within 72 hours ofter death.

VS A1S (4) 1SM 9/S8

Page 4

HATTER CHARLES STORE CHARLES Market State Colminstate and aler AS language fel. and in-THE TANK The state of the state of the state of eternet Epites 12.2 Angelesch deismenn bitten ni sonn inte breves and british

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VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5445 CERTIFICATE OF DEATH

Reg. Dist. No.

05434

					Key. Dist. 14	0.
1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	NCE (Where decease	d lived. If institut b. COUNTY	ioni Residence be	fore admission)
Carroll			ryland			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		WN (If outside corpo		RURAL ond give n	earest town)
rural-Mt. Airy	50 yrs.	X Rural	Mt.Ai:	ry		
 d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 	address)	d. STREET ADI				e. IS RESIDENC
or manion.		1	Harri	sville		ON A FARM
3. NAME OF First DECEASED	Middle	Lost	4. DATE	Mai	nth I	Day Year
(Type or print) PEARL	M. BAUM	GARDNER	DEATH	MAY	3.	1959
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 H
female white wipow	ED TO DIVORCED	4-12-18	82	lost birthday)	Months Doys	Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b.					12. CITIZEN	OF WHAT COUN
during most of working life, even if retired)				,,,		
housewife	own home		yland		U.	S.
13. FATHER'S NAME Jacob Fritz		14. MOTHER'S M		0.1100		
Jacob Filtoz		Lydie	A. Br	IIWC		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES?. 16. (Yes. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Ado	lress	
no (17 yes, give wor or base or service)	M	rs. Ruby	Norwood	d, Mt.	Airy, M	ld.
PART I. DEATH Enter only one couse per I MMEDIATE CAUSE (b) Conditions, if ony, which gove rise to immediate cause (c), stoling the under-	Deneral &	netas	Stone	each	O	ITERVAL BETWEEF NSET AND DEAT
lying couse lost. (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEAS	E CONDITION GE	VEN IN PART 1(o)	19. WAS AUTOP
CATIC						PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS. 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of i	njury in Port I or Po	t II of item 1B.)		
Hour o. m. While		ACE OF INJURY IHO	me, form, 20f. (Cit	y or town)	(Count	y) (Ste
21. I certify that I attended the decearative on 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		n occurred at /	245 BM, frd	1 3, 1954 m the causes of the country of town,	and on the d	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
BURIAL 5-6-1959	Pine Grov	e	Mt.	Airy, Md		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2	4a. REC'D BY REGIS		ISTRAR'S SIGNAT	URE
C. M. Waltz, Wi	nfield, Md.		DATE MAY 5	'59 C	Inday S. A.	Taus
	,		9736 3 9			

	ATE OF DEATH		
		A SHIEN SEE	
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	provide the least of the provide the provi		
Statute - min			

n VS A15 (4) 15M 10/57

INTERVAL BETWEEN ONSET AND DEATH mimutes Arteriosclerotic cardio-vasicular disease vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (County) (State) ____, 19____,that I last saw the deceased _____, and that death accurred at 6:45 AM, from the causes and an the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED Springfield State Hospital 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOYAL (Specify) Reformed Cemetery Middletown, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland DATE MAY 1 5 '58 arthur & Kround

Frederick

e. IS RESIDENCE

ON A FARM?

YES NO NO

Yeor

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Days

USA

Months

59

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			ter of the state o	
		A STATE OF LANDS		

ARYLAND	STATE	DEPARTMENT	OF HEALTH	-BALTIMORE,	18
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5	44	7	rem	(E	RT	IF	IC.	AT	É	OF	D	E/	ITA	H

Reg. Dist. No. 05436

\	a. COUNTY Carro	11		MARYLAN		o. STATE Mary	(Where decea		If institution.	on: Residence	e before a	dmission)
	b. CITY OR TOWN (If RURAL and give ne Sykesvi	fautside corporate limi arest town)	ts, write c.	LENGTH OF STAY IN 1	Ь.	c. CITY OR TOWN	(If outside cor	porote lim	its, write R	URAL and g	ive nearest	town) /
5	d. NAME OF HOSPITA	AL (If not in hospital, seld State		dress)		d. STREET ADDRES	ss 1405	Nor	thgat Son's	e Rd.		RESIDENCE ON A FARM?
	3. NAME OF DECEASED	Fie		Middle		Last	4. DATE		Mon		Day	Year
	(Type or print)	Geor	63 -	John		Berkley	DEAT	7	5		3	1959
	5. SEX Male	White	7. MARRIED	NEVER MARRIED [eptember 1	1,1872	9. AGE	(In years bighdoy) Bo yrs.			DUTS Min.
	10a. USUAL OCCUPATIO during most of work Printer	DN (Give kind of work ing life, even if retired)	ND OF BUSINESS OR IN ETIRED	IDUSTR	Y 11. BIRTHPLACE (S		ALTI	MORE		S.A.	IAT COUNTRY
1	13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME					
	Charles	Berkley	6			Miner	va MAI	RY L	. HE	IM		
	S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	CIAL SECURITY NO.		S. Hospita	CHARLI Recor			KLEY N.GA		OAD
	Conditions, if or gove rise to in couse (a), stoting the lying couse lost.	The under DUE TO	Arte	rioscleroti						'EN IN PART	1(o) 19. W	AL BETWEEN AND DEATH ATTS VAS AUTOPSY ERFORMED? S NO 3
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye 19 at 1 attended the 5-2-	or 20d. INJU While of work [deceased 19 59	Not while at work	PLACE foctor ath a M.C.	OF INJURY (Home, y, street, office bldg. 19.58, taccurred at 3:1 Spring Sykesv	farm, 20f. (C 5= 2 5A M, fran ADDRESS field S 22d. LOC	m the co (Street, ci State	n) 1959, auses an ty or tawn, Hosp and	that I last d an the state)	date sta	(State)
-	23. FUNERAL DIRECTOR'S	-	エフノフ	ADDRESS) ().		REC'D BY REG			STRAR'S SIG		
			ONS IN	NC. BALTO	. M.	ARYLAND		59		4 P		

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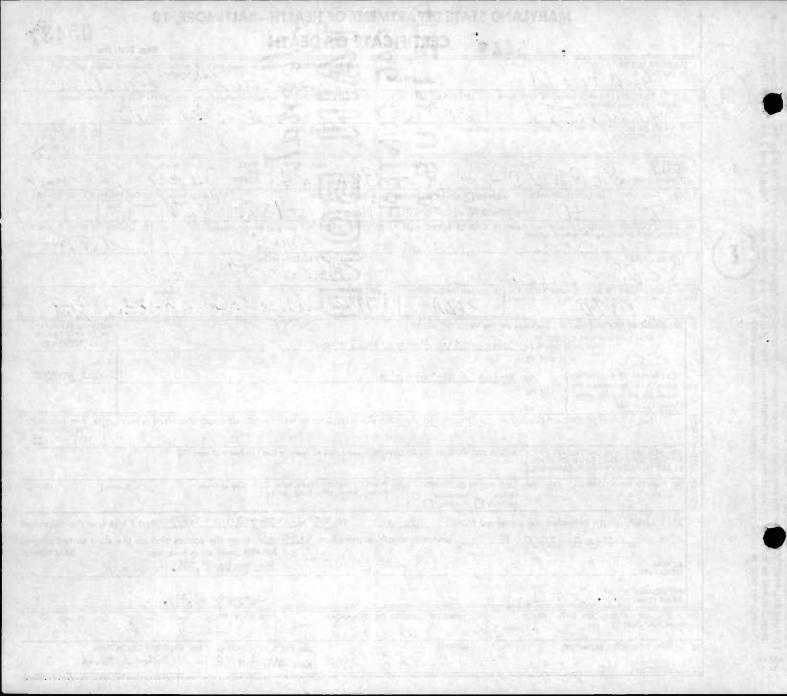
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05437

Orthur & Krous

	54	49 CERTI	FICA	IE OF DEATH		Reg. Dist.	No.
1.	PLACE OF DEATH O. COUNTY A WOLL	MARY	LAND	2. USUAL RESIDENCE (When a. STATE)	b. COUNTY	Residence	before admission)
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest tawn)	rite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN A out	side carporote limits, write RU	RAL and give	e nearest town)
	Hempslead	IN IK	1	X	aupale	ad	
	d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	treet address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) SERAND	A - A Middle	- 6	BORING	4. DATE Month OF DEATH MARK	11	Day Year 19-59
	17 WILL WILL	MARRIED NEVER MARRIE		nach 16-12		Months Do	YEAR IF UNDER 24 HRS. Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done during most of working tife, even if refired)	106. KIND OF BUSINESS O	R INDUST	TRY 11. BIRTHPLACE (Stole or	foreign country)	12. CITIZE	OF WHAT COUNTRY
13.	FATHERS NAME Llever			14. MOTHER'S MAIDEN NA Mary	Hound	K	
	WAS DECEASED EVER IN U. S. ARMED FORCES? i, no. or unknown) (If yet, give war or dates of service)		17 IN	n Borley	Hamp	itea	d Ind
	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	per line for (o), (b), and (c).		ailure			INTERVAL BETWEEN ONSET AND DEATH 2 WOOKS
	couse (a), stoting the under-	rterio Sclerc	sis				20 years
-	lying couse lost. (c)						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1	PERFORMED? YES NO 🔯
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in Po	rt I ar Port II af item 18.)		
MEDICAL	Haur a.m.	Od. INJURY OCCURRED While Not while I work ot work		CE OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or town)	(Cov	nty) (State)
	21. I certify that I attended the dec	ceased framJi	me	, 19_35, toE	lay 16 , 1959	that I las	t saw the decease
	alive anMay 15,1959			accurred at 5:45 B		d an the	date stated above
	ACTUAL SIGNATURE M.C. PC	inter ful	LLYM		lampstead, Md.	oie;	DATE SIGNE
	PHYSICIAN'S M. C.P rterfield				Hampstead, Md.		
220	BURIAL, CREMATION, 226. DATE THEREOF PREMOVAL (Specify) May 19-19	22c. NAME OF CEME	TERY OR	heterd 2	2d. LOCATION (City, town, or	County	ASING)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5449 CERTIFICATE OF DEATH

Reg. Dist. No. 05438

)	1. PLACE OF DEATH O. COUNTY Carroll	MA		STATE Mary	here decessed live	b. COUNTY	Residence be Balto.		sion)
	b. CITY OR TOWN (If outside corporate limit RURAL ond give nearest town) Sykesville	32yrs.6mo		CITY OR TOWN (IF O		limits, write RU	VO/-	. /	n) /
-	d. NAME OF HOSPITAL (If not in haspitol, good institution. Springfield State I	rive street address) Hospital	d.	STREET ADDRESS	Hamburg	Street			SIDENCE A FARM? NO
	3. NAME OF DECEASED (Type or print) Lott:			Bosley	4. DATE OF DEATH	May	6		Year 1959
	S. SEX Female 6. COLOR OR RACE White	7. MARRIED NEVER MAR	- Da	of BIRTH	1893 9. A	GE (In years birthdoy) yrs.	Months Doys	-	ER 24 HRS. Min.
	10a. USUAL OCCUPATION (Give kind of work of during most of warking life, even if retired) Housewife	done 10b. KIND OF BUSINESS	OR INDUSTRY 11	BIRTHPLACE (Side		у)	12. CITIZEN	S.A.	OUNTRY?
1	13. FATHER'S NAME		14. A	AOTHER'S MAIDEN	NAME				
	William Byron			Florie C	line				
	1S. WAS DECEASED EVER IN U. S. ARMED FORM (Yes, no, or unknown) (If yes, give war or dates of se					Addr	B5\$		1 12 1
	No -	•	Sprin	gfield Hos	spital Re	ecords			
	PART I. DEATH [Enter only one con PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying couse lost.	Arterioscler		rt disease	e.		OI	Tears Years	DEATH
0	PART II. OTHER SIGNIFICANT CONI Epilepsy with menta: 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			eLATED TO THE TERM		NDITION GIVI	EN IN PART 1(a)	19. WAS PERFO YES	ORMED?
		20b. DESCRIBE HOW INJURY	OCCURRED. (Ente	noture of injury in	Port I or Port II o	f item 18.)			
	Oc. TIME OF INJURY Month, Doy, Year Hour o. m. 19	20d. INJURY OCCURRED While Not while of work ot work		INJURY (Home, farn reet, affice bldg., etc		awn)	(Count	y)	(State)
1	21. I certify that I attended the alive on May 6, ACTUAL SIGNATURE June J PHYSICIAN'S Edmund Lus			Springf:		causes and city or tawn, s	stote)	te stated	
	220. BURIAL, CREMATION, 22b. DATE THEREO BEMOVAH (Specify) May 9	59 22c. NAME OF CE	METERY OF CREM	ATORY	22d. LOCATION	City, town, o	r county)	(Stot	te)
	3. FUNERAL DIRECTOR'S SIGNATURE	1 Ednemas	on au	24a. REC	D BY REGISTRAR		TRAR'S SIGNAT		

OF MAIN With the same of the same of the same Secretarial Problems Established and Machine Land The state of the s Forthe Earling north etade l oface absenced the bened by I watered Antended to a constant the second of the property of the state of the same o the first of the second of AND THE RESERVE WERE REPORTED TO THE PARTY OF THE PARTY O 124 - 5 140 Let 6 10 16 20 16 ACTION OF THE PARTY OF THE PART 5450 CERTIFICATE OF DEATH

05439

	J.	400					Reg. Dis	t. No.		
o. COUNTY Carroll			MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary Land	here deceased	b. COUNTY			dmission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, w	vrite c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL end g	ive nearest	fown)	
Syke svil	le	4v.6m	o.20days	Chevy Ch	ase		15 x.	- 2		
d. NAME OF HOSPIT	AL (If not in hospital, give s	street oddress)		d. STREET ADDRESS 4902 Bro		Roed		1	S RESIDE	RM?
NAME OF	First	OSDIVAL	44144							
DECEASED			Middle	Lost	4, DATE OF	Mon	th	Day	Yeo	
(Type or print)	Idllian		ano	Burney	DEATH	May	T-		19	
SEX	6. COLOR OR RACE 7.	MARRIED NEVE	R MARRIED	8. DATE OF BIRTH	9.5	9. AGE (In years lost birthday)	Months		-	
Female	White WI	DOWED 💂	DIVORCED [1867		97 yrs.	Monins	Doys H	ours	Min.
a. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUS	INESS OR INDUS	TRY 11. BIRTHPLACE (Stot	or foreign co	untry)	12. CITI	ZEN OF V	VHAT CO	DUNTRY
	king life, even if retired)		*	Many Veral			TT	C A		
Unknown A FATHER'S NAME		******		New York			- U	S.A.		
	Elhinney			Emma Bi	rchall					
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		RITY NO. 17. IN	NFORMANT		Add	1011			
no	man.	200-00		Springfield	Hospita	al Record	la			
IB. CAUSE OF DEA	TH [Enter only one couse	per line for (o), (b),						INTERV	AL BETW	EEN
PART I. DEA	TH WAS CAUSED BY:	Bronche	pneumoni	ia				ONSET	AND DE	ATH
1491X	IMMEDIATE CAUSE (o)		-					200	270	
	DUE TO									
Conditions, if o	mmediate									
couse (o), stoting										
lying couse lost.) (c)									
PART II. OTH	IER SIGNIFICANT CONDITIO	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. V	VAS AUT	OPSY
B.S. ass	pe. with dis	t. of met	., growt	h or nutriti	on with	senile	brair	2	ERFORM	
200 ACCIDENT WA	S UNDERLYING [] 20b	DESCRIBE HOW IN	NIURY OCCURRED	ture, neck of	LIGHT	Temur.			١٠ البا -	Lath
OR CONTRIBUTING	IT CALLES OF DEATH). (Enter noture of injury in	Port or Port	II of item 18.1				
LIF EITHER NOTIEY	MEDICAL EXAMINED			D. (Enter noture of injury in	Port I or Port	II of item 18.)				
	MEDICAL EXAMINER)									
	MEDICAL EXAMINER) Y Month, Doy, Year 2	20d. INJURY OCCUR	RRED 20e. PLA	D. (Enter noture of injury in ACE OF INJURY (Home, for tory, street, office bldg., et	n, 20f. (City		(C	ounty)		(Stote)
(IF EITHER, NOTIFY	MEDICAL EXAMINER) Y Month, Doy, Year 2	20d. INJURY OCCUR While Not while of work of work	RRED 20e. PLA	ACE OF INJURY (Home, for	n, 20f. (City		(C	ounty)		(Stote)
20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER) Y Month, Doy, Year 2 19	While Not while of work	RRED 20e. PLA foci	ACE OF INJURY (Home, for fory, street, office bldg., et	n, 20f. (City	or town)				
20c. TIME OF INJUR Hour o. m. p. m. 21. 1 certify th	Y Month, Doy, Year 2 19 o	while Not while the work of work ceased from	RRED 20e. PLA foot	ACE OF INJURY (Home, for fory, street, office bldg., et 29, 19.54, ta_k	20f. (City	or town)	,that I le	ast saw	the de	cease
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 2 19 o	while Not while the work of work ceased from	RRED 20e. PLA foot	ACE OF INJURY (Home, for fory, street, office bldg., et	n, 20f. (City	or town) 1959 the causes of	,that I le	ast saw	the de	cease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive an_Maj	Y Month, Doy, Year 2 19 o	while Not while the work of work ceased from	RRED 20e. PLA foot	ACE OF INJURY (Home, for fory, street, office bldg., et 29, 19.54, ta_1 accurred at 10.00	20f. (City c.) 20f. (City DA) fram ADDRESS (Str	or town) 1959 the causes coet, city or town,	,that I lo and an th stote)	ast saw	the de	cease
20c. TIME OF INJUR Hour o. m. p. m. 21. 1 certify th	Y Month, Doy, Year 2 19 o	while Not while the work of work ceased from	RRED 20e. PLA foot	ACE OF INJURY (Home, for fory, street, office bldg., et 29, 19.54, ta_1 accurred at 10.00	20f. (City c.) 20f. (City DA) fram ADDRESS (Str	or town) 1959 the causes of	,that I lo and an th stote)	ast saw	the de	cease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive an_Maj ACTUAL SIGNATURE	Y Month, Doy, Year 2 19 o	while Not while the work of work ceased from	RRED 20e. PLA foot	ACE OF INJURY (Home, for fory, street, office bldg., et 29, 19.54, ta_1 accurred at 10.00	20f. (City c.) 20f. (City DA) fram ADDRESS (Str	or town) 1959 the causes coet, city or town,	,that I lo and an th stote)	ast saw	the de	cease
20c. TIME OF INJUR Hour o. m. p. m. 21. 1 certify th alive anMaj ACTUAL SIGNATURE	Y Month, Doy, Year 2 19 o	While Not while twork of work of work	RRED 20e. PLA foot	ACE OF INJURY (Home, for lory, street, office bldg., el 29, 19.54, ta_N accurred at 10:00 accurred at	(a.) 20f. (City (C	the causes of the cause of	,that I lo and an th stote)	ast saw	the de	cease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive an Maj ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURNEL, CREMATIO	MEDICAL EXAMINER) Y Month, Doy, Year 2 19 of at lattended the decr. 18 frund J Edmund Lustha	While Not while twork of work of work of work of work ceased from	October d that death	ACE OF INJURY (Heme, for lory, street, office bldg., el 29, 19.54, ta_N accurred at 10:00 accurred at	n, 20f. (City Ly 18 OpA, fram Address (Str. 1e1d St.	or town) , 1959 the causes of the causes of the town, tate Hos	,that I lo ind an th stote)	ast saw	the de stated DATE 9/59	cease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive anMaj ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	MEDICAL EXAMINER) Y Month, Doy, Year 2 19 of at lattended the decr. 18 Common Lustha N, 22b. DATE THEREOF	White Not white of work of work of work of work of work ceased from an analysis of the work of	October d that death	ACE OF INJURY (Home, for tory, street, office bldg., et 29, 19.54, ta_N accurred at 10.00 accurred at 10.00 Springf CREMATORY	n, 20f. (City Ly 18 QpA, fram Address (Str 1e1d St 22d. LOCATI	the causes of the cause of	,that I lo ind an th stote)	ast saw le date :	the destated DATE	above SIGNE
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive an Maj ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURNAL, CREMATIO	MEDICAL EXAMINER) Y Month, Doy, Year 2 19 at 1 attended the decr. 18 Common Lustha N, 22b. DATE THEREOF 3/20/59	White Not white of work of work of work of work of work ceased from an analysis of the work of	October d that death OF CEMETERY OR	ACE OF INJURY (Home, for fory, street, office bldg., el 29, 19.54, ta_h accurred at 10:00 accurred at	n, 20f. (City Ly 18 OpA, fram Address (Str. 1e1d St.	the causes of the cause o	,that I lo ind an th stote)	ast saw se date: 5/10	the de stated DATE 9/59	above SIGNE

ral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

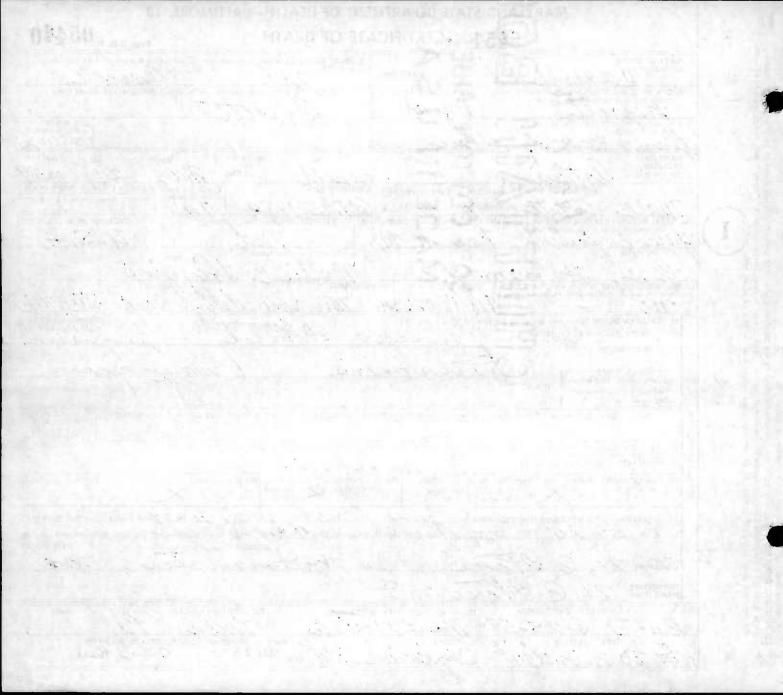
TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be a carbon papers. Pages 1 and 2 shall the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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and on second than 2018 of the	3.5	Cuedesto unit que est cue a cure per 200 vi	ST EST ESTABLES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5451 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Wil b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) the f d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NAME OF Middle 4. DATE Year Manth Day filled des 1 (DECEASED OF DEATH (Type or print) 195 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Manths Days DIVORCED | papers. executed comple 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Duginler pup pon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 COL aft physici WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN (b), and (c). ple ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO py Canditians, if any, which been signed gave rise to immediate per DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? hos YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) Q Q2 MEDICAL 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year (Caunty) (State) Haur a. m. factory, street, office bldg., etc.) While Nat while at wark at wark 193 2 to 21100 20 193 That I last saw the deceased 21. I certify that I attended the deceased fram. carr and that death accurred at TROM, from the causes and an the date stated above. ADDRESS (Street, city ar tayn, state) DATE SIGNED May be retain.

FUNERAL DIRECTOR

Boge 3 should be d ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 10 23. FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR MAY 2 5 '59 arthur & Kraus VS A15 (4) 15M 9/5B



MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

075	CERTIFICATE	OF DEATH
5452	CERTIFICATE	OF DEATH

Reg. Dist. No. ()5441

0.100	Keg, Dist. 110.
1. PLACE OF DEATH O. COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL ond give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Sylawelle Ruce 10 yrs	X sylestelle Kural
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM
	YES NO
3. NAME OF DECEASED (Type or print) Philips J- DIETRI	1 & H Lost 4. DATE Month Day Year OF DEATH May 1 19 %
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH Sept 14-1879 9. AGE (In years Inf UNDER 1 YEAR IF UNDER 24 H Jeff 14-1879 9. AGE (In years Inf UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY) . BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
Retired Buenav	Mayland W.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stilles I Decetich	Maure Hyas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) UL via, give wor or data of service) 216-09-12199	Me Saclie Dietrick Sykewillom
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	CR. TYPE AND PRIMARY SITE UNKNOWN 4-6 mos.
156.1 IMMEDIATE CAUSE (6) CARCINOMA OF LIVE	A TITE AND INTERIOR STILL ON MOSA
Conditions, if ony, which) (b) GENERALIZED ARTER	RIOSCLEROSIS L5-20 yr
gove rise to immediate	LOGOLLICOLO J.
lying couse lost.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP: PERFORMED? YES \(\bigcap \) NO [
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto
Hour o. m. While Not while for	ctory, street, office bldg., etc.)
	2 1959 , to April 1 1959 , that I last saw the deced
	accurred at 10:25BM, from the causes and on the date stated ab
dive on April 1	ADDRESS (Street, city or town, state) DATE SIG
SIGNATURE STORMAN	M.D. Liberty Road at Eldersburg 5.1.5
PHYSICIAN'S NAME (Type) Wm. H. Lawson, Jr., M.D.	Sykesville P.O., Maryland
220. BURIAL CREMATION, 22b. DATE THEREOF, SEMOVAL (Specify) Way 4/59 Reinf	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
to aver to substant Ners hallo	MAY 4 '59 arthur & King

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		Thirties on the second	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward. In the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your less.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Board Grafealth, are its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5453 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05442 Reg. Dist. No.

	PLACE OF DEATH	Carroll		MARY	AND	2. USUAL RESIDER	_		ed lived. If insti		ence bef	ore odmission)
1	b. CITY OR TOWN (II	outside corporate limits, write	RURAL	c. LENGTH OF STAY			VIA:		orote limits writ	RUPAL ON	d nive o	eoresi town)
	and give nearest town)					Balt	imo	re Ci	orote limits, writ	2 1	o give in	eoress rown,
-	Sykes	VILLO INSTITUTION (f not in h	ospitot, give street address	mos	d. STREET ADDI	DECC			3 V	01-	e, IS RESIDENCE
"	u. HAME OF HOSHIA	L OK HASHIOHOM	i noi m	ospirot, give street doeses	dys							ON A FARM?
-	Spring	field Stat	e Ho	ospitel		5500) Fe	rnparl	Ave			YES NO
3.	NAME OF DECEASED	Fin	LT.	Middle		Last		4. DATE	Mon	th	Doy	Yeor
	(Type or print)	Eileen		Joseph		Dore		DEATH	May	7	23	19 59
5.	SEX .	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8.	DATE OF BIRTH	- 1		9. AGE (In years last birthday)			IF UNDER 24 HRS.
	female	white	WIDOW	ED DIVORCED [וכ	9-9-19]	1.0		1.8 yrs.	Months	Days	Hours Min.
10c	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	NDUSTR			or foreign co		-	IZEN OF	WHAT COUNTRY?
1	during most of working Sales					NTe	ew Y	onle			U.S.	Λ
13.	. FATHER'S NAME	Lauy				14. MOTHER'S MAI					0.00	471.0
		TI Dan				14. Ale III ek 5 Alai						
15	. WAS DECEASED EVE	ames F. Dor		SOCIAL SECURITY NO.	17 101	FORMANT	Mar	y Gan				
[Ye	e, no, er unknown)	If yes, give war or dates of			17. 188			~	Addres			
	No			* None		Springfie	ela	State	Hosp. h	ecord	S	
			se per lin	e for (o), (b), ond (c).]		6	2	1			INTER	VAL BETWEEN T AND DEATH
		I WAS CAUSED BY: MMEDIATE CAUSE (o)	C	oronar	Engl.	Cecu	que	woo			12	in
	420.1	DUE TO			1							
	Conditions, if on	y, which) (b)			/							
	gave rise to immedi	ate cause										
	(a), stating the us	(c)									- 18	
Z.	PART II. OTHI			CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE	TERMIN	VAL DISEASE	CONDITION G	VEN IN PAR	T 1/01/19	WAS AUTOPSY
	Post ene	ephalit	ie (Pasilinson	-	weeke						PERFORMED?
CERTIFICAL	PRIMARY OF CON	SE WAS TRIBUTING []	b. DESCRI	BE HOW INJURY OCCUR	RED. (Er	nter nature of injury	in Port	l or Port II	of item 18.)			
	20c. TIME OF INJUR	Y Month, Doy, Yes	- 1204	INJURY OCCURRED 20	- 6146	5 OS BURBY #1		1 001 101				
MEDICAL	Hour a.m. p.m.	19	Whi		focto	E OF INJURY (Home ry, street, office bldg	g., efc.)	20t. (City	or lown)	(Co	unly)	(Stote)
	21. I certify the	at I taak charge	of the	remains described	abay	e, held an Au	topsy	T. In	spection	, Inquir	VNV	and in my
		esulted from: 1			ent [_ ' '	amicide	_	ermined a	-	
	Common Geom	esomeo mom.	~ 1	Cooses Accid	Em F	I, Solcide [3, "	difficide	L, Under	ermined	manne	
	ACTUAL SIGNATURE	wes I	YV	ranch		M.D. CHIEF MEDIC	CAL EXA	AMINER [DATE SIGNED
4	EXAMINERS NAME (Type)	THES I	7	MARSH	_	ASSISTANT A			2		3/	23/19
220	BURIAL, CREMATION REMOVAL (Specify)	1. 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCAT	ION (City, Iown,	or county)	7	(Slote)
	Burial	5/26/19	959	New Cathe	edra	al Cem.		Balti	more	M	arv	land
	SUNEPAL DIRECTOR'S		0	ADDRESS			. REC'D	BY REGISTR		ISTRAR'S SIC		
	Ellsworth	Armacost	-460	Diberty H	ghts	Ave. DA	TEMAY	Y 2 6 '5	9 (1	Strang of	france	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05443

		141	4									Keg. D	15T. NO.		
1. PLACE OF DEATH a. COUNTY	Carroll			MARY	LAND	2. US	UAL RESIG	Mary	ere deceased		f institution		nce befo		sion)
b. CITY OR TOWN I	if outside corporate lim	its, write	c. LEN	IGTH OF STAY	IN 1b	C.	CITY OR T	W.	utside corpo	rote limits	write R				m) /
RURAL ond give n	earest town)			y. 6 m.		1			Lmore		3	VO		4	V
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street o	oddress]			d.	STREET A							ON	SIDENCE A FARM?
	field State		orta	u.				Unk	nown					YES	NO 🔭
3. NAME OF DECEASED (Type ar print)		nı Oseohi	Lne	Middle Schwai	rtz		Drum		4. DATE OF DEATH		Mon		100	•	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED A	NEVER MARRI	ED []	8. DATE	OF BIRTH	1		9. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
Female	White	WIDOWE	0 🗆	DIVORCE	D			1, 187		87	rthday) yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI during most of wor	ON (Give kind af wark king life, even if retired	dane 10b.	KIND C	F BUSINESS O	R INDUS	STRY 11	. BIRTHPL	,		ountry)		12. CI	TIZEN O	F WHA	T COUNTRY?
House	work							Unkne	own				U	.S.A	
13. FATHER'S NAME						14. A	MOTHER'S	MAIDEN N	IAME						
	George Sch	warts	Z			15		Hano	re 015	Shant	05 5 Y				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	RCES? 16.		SECURITY NO	. 17. 11	NFORM	ANT				Addr				
No No	(in yes, gave wor or agree or	10. VIEW			1	Spri	ngfi	eld S	tate H	lospi	tal	Reco	rd		
18. CAUSE OF DE	ATH [Enter only ane co	ouse per lin	e far (c	o), (b), and (c).									INT		ETWEEN
PART I. DE	ATH WAS CAUSED BY:	, Pa	າງ ດ	ardial.	Tann	onac	de							mute	DEATH
420.1	DUE TO		de la	Cot de Cotada Cotada	T CALLY	0110	40						1.4.4	2140	3.65
Conditions, if	an think Y		000	rdial i	nfar	octi	on an	מומי ה	turne				Mi	nute	2 2
gave rise to	immediate (oca	A (A,LCh.L. aL	ALL COL		OIL CI	u i u	- Out C				1 1 1 1	2000	
lying couse last.	the under-		ter	ioscler	otic	ca	rdiov	ascul	ar di	sease			Ye	ars	
	HER SIGNIFICANT CON	-1										EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
Do		-												PERFO	DRMED?
20g. ACCIDENT W	ranoid read			OM INJURY O			r noture of	injury in F	art 1 or Pari	t II of item	n 18.)			150 10	1 140 []
■ OR CONTRIBUTING	MEDICAL EXAMINER)					. (,							
-	RY Month, Day, Ye			OCCURRED	20e. PL/	ACE OF	INJURY (I	dome, form bldg., etc.	20f. (City	or tawn)			(County)		(Stote)
p. m.	19	While at wark		at while wark		,,		Diog., Cic.							
21. I certify the	nat I attended the	decease	ed fro	m July	1.		19 57	. to]	May lo).	19 59	that I	last so	w the	decease
alive on	May 10	1959	9	, and that	death	accui	rred at	5:00	PM fran	n the co	nuses o	nd an	the da	te stal	ed above
	- 1	,	,						ADDRESS (SI				ine du		ATE SIGNED
ACTUAL SIGNATURE	Rifer	1.	1	lah	u,	M.D	Spri	ngfie	ld Sta	te H	ospi	tal		5	/10/59
PHYSICIAN'S NAME (Type)	Rita S. G.	lahn,	M.	D_{\bullet}			Syke	svill	e, Mar	ylan	d				
220. BURIAL, CREMATIC PEMOVAL (Specify	ON, 22b. DATE THERE	DF 1459	220	WAME OF CEMI	ETERY OF	R CREM	ATORY		22d. LOCAT	TIONTEIN	lample	or country	l	(Sta	te)
23 FUNERAL DIRECTOR	TS SIGNATURE	1	Ä	DDRESS/	7	VIII	20		BY REGIST		4b. REGIS	TRAR'S S	IGNATUI	RE	
XX / 111 L	41/1.	V',	1-	(12)	./.		1//		1 1 A			Thur			

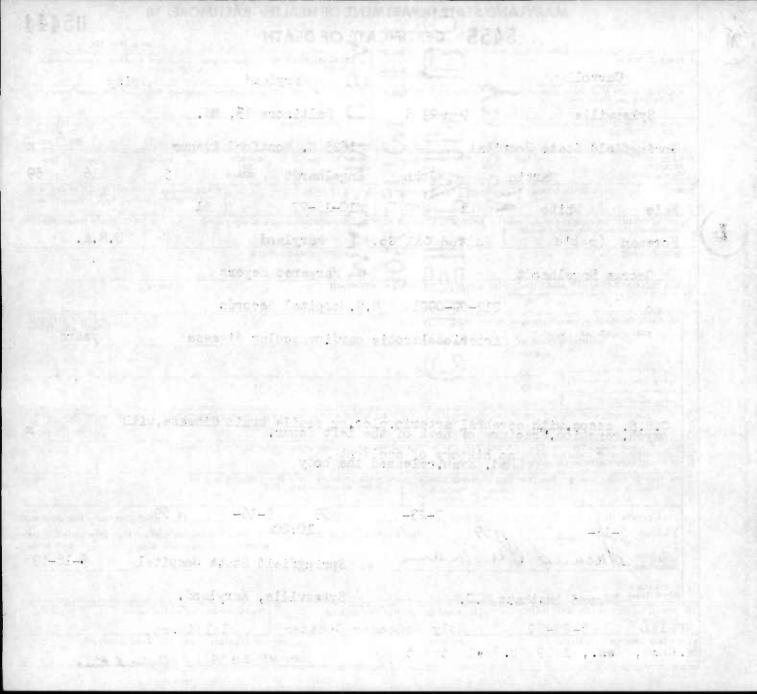
VS A1S (4) 15M 9/55

5455 **CERTIFICATE OF DEATH** 05444

		りまり	3 CERTIFIC	AIE OF L	EAIL	1		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	arroll		MARYLAND	o. STATE	Marvl	A COUNTY	d lived. If institut b. COUNTY			re admiss	sion)
b. CITY OR TOWN	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY IN 16	11			prote limits, write I			arest town	n) 🗸
d. NAME OF HOS	PITAL (If not in hospital, g	ive street a	9 m 23 d ddress)	d. STREET A	timor DDRESS	e 18,	Md.	3 Y	0/-	e. IS RES	SIDENCE
	old State He			1825 N	Mon	tford	Avenue				NO [
3. NAME OF DECEASED (Type or print)	Fir Mart	st	Middle John	Engelha		4. DATE OF DEATH	Moi 5	nth	Do	,	Year 19 59
S. SEX			ED NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years	IF UNDE			ER 24 HRS
Male	White	WIDOWED		10-15-	77		81 birthdoy) yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	IND OF BUSINESS OR IND		ACE (Stote	or foreign c	country)	100			COUNTRY
Foreman 13. FATHER'S NAME	(ret'd	Ur	nited Oil Co	. Ma.	rylan				U.S.	A .	
						Meyer	o				
IS. WAS DECEASED	VER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	INFORMANT	aren	Meyer		Iress	-		
(Yes, no, or unknown)	(If yes, give war ar dates of s		2-09-0901	S.S.Hospi	tel R	ecord	s				
18. CAUSE OF E	DEATH [Enter only one co			2,01,100,02	00.2					RVAL BE	
PART I. C	EATH WAS CAUSED BY:	Art	terioscleroti	c cardiov	ascul	ar di	sease			Cars	DEATH
4 d. d.	DUE TO										
Conditions, if	immediate										8
couse (o), stotic	ng the under-	,									
PART II. C.B.S. DSych.J	other significant con assoc with reaction. Fra	cere bi	of nevk of t	ler or so he left f	nile emur	orain	disease	, with	RT 1(o) 1	9. WAS PERFO YES [AUTOPSY DRMED? NO
200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	istory of accurations are lease	ident ident bod	f injury in I	Port I or Por	rt II of item 18.)		3-11		
Y 20c. TIME OF INJ Hour o. n	URY Month, Doy, Yes		JURY OCCURRED 20e. I	PLACE OF INJURY (I foctory, street, office	Home, form	, 20f. (City			(County)		(Stote
21. I certify	that I ottended the	deceose	d from 7-23-	, 1959	., 10	-16-	, 19 5	hot I le	ost sov	v the c	deceoser
olive on_5	-16-	. 19 59	2, ond that deat	th occurred at					e date		
ACTUAL &	duenud 1	Lu	othans	0			treet, city or town,				te signei 5-59
SIGNATURE	y received.			M.D. Sprin	ngilel	d Sta	te Hospi	Cal		7-10	-77
PHYSICIAN'S NAME (Type)	Edmund Lusth	one. M	D	Sykes	wille	. Mar	yland.				
	TION, 226. DATE THEREC	-	22c. NAME OF CEMETERY				TION (City, town,	or county)		(Stol	te)
BURIAL (Speci	5-20-59		Holy Redee	mer Ceme	tery	I	Baltimor				
23. FUNERAL DIRECTO	or's signature nc., 1217 S	it. Par	ADDRESS			D 8Y REGIS		ISTRAR'S S			
		J - 2 CK	~_ ~~1		DATE	AY 20	'59 C	other	& the		

director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demay be retained by the post of the control of the contr VS A15 (4) 15M 9/58

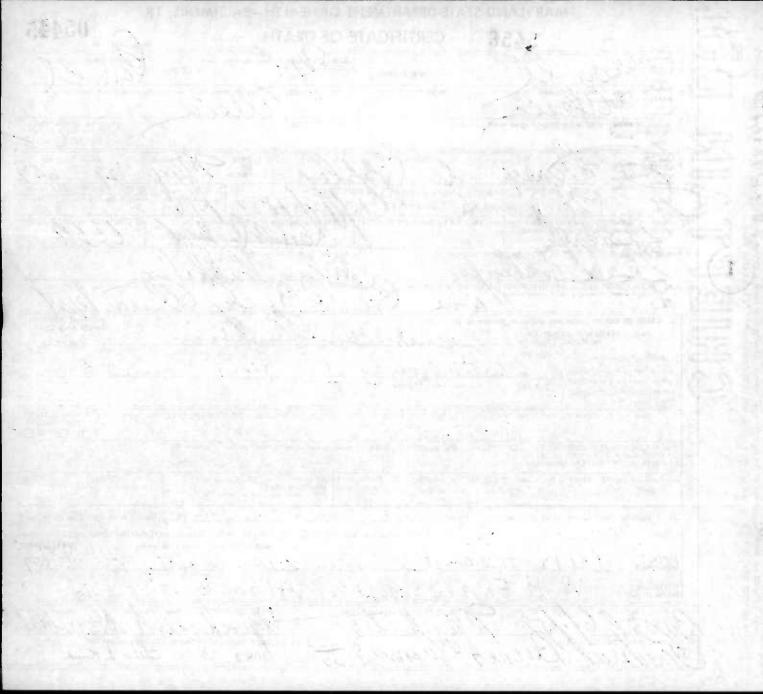
Page 4



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the obstitution of physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

D. CITY OR TOWN IT Authority of ported limits write c. LENGTH OF STAY IN 1b c. CITY OR TOWN IT Authority from the property of				H—BALTIMORE,		1=
D. CITY OF TOWN ILL Guilder porote limits, write RURAL and give nearest town) B. CITY OF TOWN ILL Guilder porote limits, write RURAL and give nearest town) RURAL and give present levely provided by the provided p	5456	CERTIFIC	ATE OF DEATI	1		30
d. NAME OF HOSPITAL LIFT not in hospitol, give streehooddress) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARMO ON	word	MARYLAND	2. USUAL RESIDENCE (W			997
OR A FARMY NAME OF DECEASE OF DEATH NAME OF DECEASE OF DEATH NAME OF DEATH NOTIFICE OF DEATH NAME OF DEATH	b. CITY OR TOWN (If outside corporate limits, write RURAL and give morest town)	LENGTH OF STAY IN 16	c. CITY OF TOWN (IF	rutside corporate limits, write	RURAL and give nearest town)	
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OUNDATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS PERFORMED? 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS PERFORMED? 200. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (Effect on NUMBER AND DEATH (Effect on NUMBER AND DEATH (Effect on Number of work of the work of	DECEASED	Middle Q	Bhley	OF VIC	1 -6	-
FATHER'S HAME 14. MGTHER'S HAIDEN NAME 14.			8. DATE OF BUTH		Months Days Hours	
WAS DECEASED FOR IN U. S. ARMED FORCES? Job SOCIAL SECURITY NO. No. of Managery III. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if only, which gove rise to immediate couse (o), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS' PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year and the deceased fram year of white of work of wor	la. USUAL OCCUPATION (Give kind of work done 10b. KINE during most of working life, every if retired)	O OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (State	or to refer country	12. CITIZEN OF WHAT CO	UNTRY
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 202. TIME OF INJURY Month, Day, Year White of work 19	3. FATHER'S HAVE	ès	14. MOTHER'S MAIDEN I	While It		
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DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under. If ying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While Nat while of work of two wor	PART I. DEATH WAS CAUSED BY:	(o), (b), and (c).]	al The	othoris	ONSET AND D	WEEN
Couse (o), stoting the under. Jying couse lost. Cc	420.0 DUE TO	terrore	leventer /	Leant Du	ense 5 m	P
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19		TRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	PERFOR	MED?
21. I certify that I attended the deceased fram and 1948, to Mas 29, 1957, that I last saw the decease alive an may 27, 1959, and that death accurred at 11 A, fram the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S M.D. ACTUAL SIGNATURE PHYSICIAN'S M.D. ACTUAL SIGNATURE PHYSICIAN'S	20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Part II of item 18.)	0.000	
alive an May 27, 1959, and that death accurred at 1.4 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S ACTUAL M.D. ACTUAL SIGNATURE PHYSICIAN'S ACTUAL M.D. ACTUAL M.D	Hour o. m. While	Nat whilef			(County)	(Stote
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, state) DATE SIGNE M.D. ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, state) DATE SIGNE M.D. ACTUAL SIGNATURE	73. 4 37 56	4				
PHYSICIAN'S M. 14 F. C. 1 11 D. M. A. V. L. B. 4 B. 5 11 1	0,117	, and that deal	h accurred at 11 17			
	PHYSICIAN'S M. 1-4	2-1 11	M.D. //	1 Anchest	Pr 111	13-7
STAURIAL, CREMATION, 12th. DATE DIEREOF SAME OF CEMETERY SEREMATORY (2td. LOCATION (City, 10 pg, or county) (Stote)	220 DURIAL, CREMATION, 22b. DATE THEREOF	leuches	let !	Muckesto	4 And arret	Me
Julie of 152 & auchiste Hanckister arolle	3. FUNERAL DIRECTOR'S SIGNATURE	Lanau	15/10	BY REGISTRAR 24b. REG	Orthur S. Kraua	
FEMOVAL (Specific Control of State Control of Control o	THE STATE OF THE S		0 / 1505			



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5457 CERTIFICATE OF DEATH

05446 Pan Dist No.

		Reg. Dist. 140.
	1. PLACE OF DEATH G. COUNTY MARYLAND 2.	USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. STATE b. COUNTY A PORTAGE A A PORTA
Â	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d: NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS (e. 15 RESIDENCE
	OR INSTITUTION Designation is home	1357 S. Marsi ST. ON A FARM!
	3. NAME OF DECEASED (Type or print) CHARLES MICHAEL 1	ERANK 4. DATE Month Day Year OF DEATH MAN 23 1959
	male white WIDOWED & DIVORCED	ATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.) 101
	10a. USUAL OCCUPATION (Sive kind of work dane during most of working life, even if retired)	11. BERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		4. MOTHER'S MAIDEN NAME
	Jacob James Trank	Sarah Beer
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	RMANT Addjess
	THE CAUSE OF DEATH SEALOR OF THE SEALOR OF T	. III I st West Musely and
3	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH)
i	MMEDIATE CAUSE (o) COLOR V CAS	2 gis
	Conditions, if ony, which) (b) asleuo.	Weroses General
	gave rise to immediate case (a), stating the <u>under</u> . DUE TO	
9	Iying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	inter nature of injury in Part I or Part II of item 18.)
		OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (Stale)
	21. I certify that I attended the deceased from March	1, 19 JF, to May 23, 19 F, that I last saw the deceased
	alive on May 22, 1957, and that death oc	curred at £1 20/1/10, from the causes and an the date stated above.
,	SIGNATURE Wylence Speecher M.D.	ADORESS (Street, city for town, stote) DATE SIGNED LUCIAL STREET STREET DATE SIGNED 5/23/59
1	PHYSICIAN'S NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CI	REMATORY 22d. LOCATION (City, town, or county) (State)
	23-FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'DAY REGISTRAR 240. REGISTRAR'S SIGNATURE
	2. 2. mun he Whotmenter M	DATE MAY 2 6 159 Carthur S. Known

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Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5458

Bros. Upper Marlboro, Md.

23. FUNERAL DIRECTOR'S SIGNATURE

Ritchie

CERTIFICATE OF DEATH

DEARM

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Diet					

		CERTIFICA	AIL OI DEAII		Re	g. Dist. No.	
1. PLACE OF DEATH a. COUNTY Carroll		MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary.	h	COLINATIV		re odmission) George 's
b. CITY OR TOWN (If outside corporated and give nearest town) Sykesville		rs. Lmos. 23d	c. CITY OR TOWN (IF o	utside corporate limit	ts, write RURA	L ond give ned	prest town)
d. NAME OF HOSPITAL (If not in h OR INSTITUTION Springfield Stat		ess)	d. STREET ADDRESS				e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First Edward	Middle Horace	Garner, Jr.	4. DATE OF DEATH	Month May	2°	7, 1955
s. sex Male Whit		DIVORCED	B. DATE OF BIRTH January 31,	9. AGE lost b		UNDER 1 YEAR Onths Doys	Hours Mir
10a. USUAL OCCUPATION (Give kind during most of working life, even None	of work done if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Maryland	or fareign country)		12. CITIZEN OF	· A •
13. FATHER'S NAME Edward H. Garne 15. WAS DECEASED EVER IN U. S. AR		AL SECURITY NO.	14. MOTHER'S MAIDEN NETTHER DU		Address		
(Yes, no, or unknown) (If yes, give wor or NO —	or dates of service)	S	pringfield Ho	spital Rec	cords		ERVAL BETWEEN
PART I. DEATH WAS CAU IMMEDIATE OF THE PROPERTY OF THE PROPERT	DUE TO (b) DUE TO (c)	nchopneumon					Days
Parkinsonian sy			D. (Enter noture of injury in			IN PART 1(o) 1	PERFORMED?
OR CONTRIBUTING CAUSE OF	Doy, Year 20d. INJURY	Y OCCURRED 20e. PL	ACE OF INJURY (Home, form ctory, street, office bldg., etc	, 20f. (City or town		(County)	(Ste
21. I certify that I attend alive an May 26, ACTUAL SIGNATURE	led the deceased fr	com March 7,	accurred at 4:55A	y 27, M, from the co ADDRESS (Street, city eld State le, Maryla	uses and a or town, state Hospit	in the date	w the decease stated aba DATE SIGN 5/27/59
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) 5/29	1	t. Thomas	Cemetery	22d. LOCATION (Ci	ty, town, or co	ounty)	(Stote)

249 HEC'S BY RESISTRAR

DATE

After this certificate has been signed by the ottending physician and campletely filled in by the factor of to use as the burial-transit permit. Then pleose remaye carbon papers. Pages 1 and 2 shauld ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. the registrar prior to burial, cremotion, ar remayal, and in any event within 72 Jours Offer death. ospital or attending physician. may be retained by TO FUNERAL DIRECTO TO HOSPITAL OR VS A15 (4) 1SM 9/SB

MARCHO STATE OFFICE Tree need to be a second Mark and the state of the state Lucia all access all elements of Stand . | Carost | Carost | District COST HE wanted to the tile to be seen and the file . . . Yel/00 40/218 the state of the s all states of the control of the states of the control of the cont TO THE COURSE STATE OF THE PROPERTY OF THE PARTY OF THE P drant bearing and the section ALE OF SHIP SHIP SHIP SHIP SHIP a more and around the land of the second and the second as . . The first many was posterolling

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5459 CERTIFICATE OF DEATH

Reg. Dist. No. ()5448

1. PLACE OF DEATH 0. COUNTY Carroll	MARYLAND	o. STATE Mary	E (Where deceased liveral live	b. COUNTY	altimor	e 93
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporate Pre (22)	limits, write RU	RAL ond give no	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION Springfield State Hospital		d. STREET ADDR 2745 D	inglen Cour	rt		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Raymond	Middle Charles	Gately	4. DATE OF DEATH	5 Month		4 - 1959
5. SEX 6. COLOR OR RACE 7. MARRIEI WIDOWED	DIVORCED	7-25 -16	396	ost birthdoy) 2 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel worker	ND OF BUSINESS OR INDU	Maryla	and	try)	12. CITIZEN C	S.A.
13. FATHER'S NAME William Gately		I4. MOTHER'S MAI		N G al		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC Yes, no, or unknown) (If yes, give wor or dates of service) Tes-Cp1.6/1916 to 6/1919		nformant Springfield	Hospital	Records	SS	
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 584 DUE TO	for (o), (b), and (c).] le peritoniti	.8			100	TERVAL BETWEEN ISET AND DEATH Days:
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	ptured gall b	ladder				Days Kears
Part II, OTHER SIGNIFICANT CONDITIONS CO Psychotic depression. Car 20a. ACCIDENT WAS UNDERLYING CAR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NTRIBUTING TO DEATH BUT	not related to the	terminal disease co	in 1955	N IN PART 1/01	
	IBE HOW INJURY OCCURRE	D. (Enter noture of inju	ury in Port I or Port II	of item 18.)		
ZOc. TIME OF INJURY Month, Doy, Year 20d. INJI Hour o. m. 19 While of work [ACE OF INJURY (Homo ctory, street, office bld		town)	(County	(Stote)
21. I certify that I attended the deceased alive an May 24, 1959	and that death	accurred at 43	ADDRESS (Stree	e causes and t, city or town, st	an the dat	w the deceased e stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type) Agustin delCampo			ield Hospi lle, Maryl			5/25/59
	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	N (City, town, or		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Ullrich Funeral Home Dundall	ADDRESS	240	REC'D BY REGISTRAL	R 24b. REGIST	TRAR'S SIGNATION & King	

TABS CERMICATE OF DEATH

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6		MARYLAND STATE DEPARTA	MENT OF HEALTI	H-BALTIM	ORE, 18	
3		5460 CERTIFIC	ATE OF DEATI	Н	Reg. Dis	1. No.
1	1,	PLACE OF DEATH COUNTY AND MARYLAND	2. USUAL RESIDENCE (W		. If institution: Residence b. COUNTY	before admission)
M	L	c. CITY OR TOWN (If autside corporate limits, write RUBAL and give procest tawn) 21 Cays	c. CITY OR TOWN (IF	autside carporote lin	Mary/a	nd 03 X-6
90		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LONG VIEW NUTSING HOME	d. STREET ANDRESS	Rua	2	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First Middle PECEASED Type or print) MARY A	Giles	4. DATE OF DEATH	1ay.	25 1959
	5. 5	Temale White WIDOWED DIVORCED []	B. DATE OF BIRTH Aug. 15, 187	3	Hojethdoy) Manths yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
1		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	Baltim	ore Cit;		I. S. A
	13.	FATHER'S NAME Edward Kelly	14. MOTHER'S MAIDEN	hia V.	Feton	
	15. (Ye		INFORMANT Mrs George	Henry	Address - (1Pb)	ence Md
		18. CAUSE OF DEATH [Enter only one cause per line for (of. 1b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	myreard	itis	417	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) Culturselucate (b) Culturselucate (c)	the Certin	Vascula	. Deser	2
0.	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in	Part 1 or Port II of i	item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	PLACE OF INJURY (Home, farm actory, street, office bldg., etc	n, 20f. (City or tav	vn) (C	ounty) (State)
1		21. I certify that (attended the deceased from Nolly alive an May 2 t , 19 J , and that decomposition of the signature of th	th accurred at 10145 MD. Trany Itamp	Hay 25 AM, from the ADDRESS (Street, of ASLE AS	causes and an the	part saw the decease the date stated above parts signe
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Druid Ri			City, town, or county)	(State) Md.
111		FUNERAL DIRECTOR'S SIGNATURE ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIG	
1936		F.Eline & Sons Reisterstown, N	DATE M	AY 2 7 '59	0-11-9	4.

	TO THE PROPERTY OF THE PROPERT	14
Cartini and	CERTIFICATE OF DEATH 20	1 miles
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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5461 CERTIFICATE OF DEATH

Reg. Dist. No. ()545()

Ж	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
4	MARYLAND MARYLAND	o. STATE MANUAL B. POUNTY CANAL
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	Who Imania Imania	27 Westmanster
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
1	Col W. Green J.	16/ W. Shen St. YES NOT
Ī	3. NAME OF First, Middle	Last 4. DATE Month Day Year
	(Type or print) EDNA MAY	FIST DEATH May 6 1959
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors WINDER I YEAR IF UNDER 24 WRS. Months Days Hours Min.
	Separe Wille WIDOWED DIVORCED	Sept 22,/8/4 84 yrs.
	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country)
1	house-wife	Hanner Pa U.S.a.
)]	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4	Tela Mi Duch	Margarit Kath Rouses
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
1	- m	1 . T. La motte Smith westment.
f	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) ond (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ONSET AND DEATH
	490 X DUE TO	- tung
	Conditions if one which)	
	gove rise to immediate	
	lying couse lost.	
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED? YES NO D
	20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED	2. (Enter noture of injury in Port I or Port II of item 18.)
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED OR CONTRIBUTING CO	
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour o. m. While Not while foci	lory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Man 1	, 19 78, to Man 6, 1959, that I last saw the deceased
	~ ~	occurred of 4:10 P. M. From the couses and on the date stoted above.
	onve on the mor deem	ADDRESS (Street, city or town, stote) DATE SIGNED
	ACTUAL Chouse	10 & Studien SA Washinute S/7/2
1	SIGNATURE ALLIES CAPTOS	1417
	PHYSICIAN'S Julius Chepko	yw
	220. BURIAL, CREMATION, 22b. DATE THEREOF / 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Dural Man 4.5 a Chat Same	M. Chmelan Man Westminster, mit.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	2. 1. Inder & Incollemen	My DATE MAY 1 1 '59 arthur & Kraus

03160	CERTIFICATE OF DEATH	
	e of county of the common of the county of t	

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eral director, be filed with

D FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be completely filled in by the page 3 should be completed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sho the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5462 CERTIFICATE OF DEATH

05451

	04.						Reg. Dist	. No.	
	COUNTY Carroll	MARYLAND	2. USUAL RES	Maryl		lived. If institutio b. COUNTY	-	e before od	mission)
-	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) YKESVILLE	lyr.9mos.15da	11	town (If or		ote limits, write RU	IRAL ond gi	ve nearest	town)
S	NAME OF HOSPITAL (If not in hospital, give street or institution pringfield State Hospita	oddress)	d. STREET					0	RESIDENCE N A FARM?
D	AME OF First ECEASED Nellie Jos	ephine Pentz	Gookin	st	4. DATE OF DEATH	May Mont		Day	Yeor 1959
5. SI	Female 6. COLOR OR RACE 7. MARR		B. DATE OF BIRT			9. AGE (In years last birthdoy) 76 yrs.		YEAR IF U	NDER 24 HRS, urs Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU		nsylva		untry)	12. CITI	U.S.	HAT COUNTRY
/	ATHER'S NAME		14. MOTHER'S	MAIDEN N	AME		-		Halfridg.
	Christopher C. Pentz			1 A. Z:	iegler				
IYes,	VAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or date of service) (If yes, give wor or date of service)		nformant Springfi	eld H	ospita	Addre 1 Record			
	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.	teriosclerotic						Year	
FICATION	C.B.S. assoc. with convul	sive disorder	without	quali	fying	phrase.	N IN PART	PE	AS AUTOPSY REORMED?
	OR CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE							
MEDICAL	Oc. TIME OF INJURY Month, Doy, Year 20d. If Hour o. m. p. m. 19 White of world	Not while for	ACE OF INJURY (ctory, street, offic			or town)	(Ce	ounty)	(Stole)
	21. I certify that I attended the decease alive an May 17, 195 ACTUAL SIGNATURE COMMAND COMMA	2 , and that death	accurred at Spr Syl	10:251 ingficesvil	M, fram DDRESS (Str eld St le, Ma	the causes ar oet, city or town, s ate Hosp: ryland	nd an the tote) ital	e date st	nated abave DATE SIGNE 18/59
4	REMOVAL (Specify) UNSERAL DIRECTOR'S SIGNATURE	ADDRESS	rod		BY REGISTR	Eville	571	W	Stote)
3	Lewanilloxullo-	108WHM5-1	Fello 1	DATE MA		. 1	thun S.	4 -	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 moy be retained by
TO FUNERAL DIRECT
page 3 should be a VS A15 (4) 15M 9/S5

	TE OF DEATH	NE CERTIFICA		
		MENTAN	T Town	etail to but
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Full High Strategies of 4 310 moamanmata- - where The same was a second of the same of the s . bli . ramuel allinament . bus Ashira March & Class no tree of a file entitled FIRE CHEST OF THE PROPERTY OF THE PARTY OF T THE REPORT OF A SECRETARY AND A SECRETARY OF A SECR the President Teligion of the Walls of the West and the Control of the Walls of the John E. Brones Westerner, a to read the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5464 R STATE Rea Dist. No. EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY oge olth, MARYLAND SS. L CITY OF TOWN III autual C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF DATE First Middle Month DECEASED OF (Type or print) 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED AL NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR 5 SEY last birthdays Months Days WIDOWED [DIVORCED T 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) puo during most of working life, even if retired) OPERATOR MACHINE 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME poges 17. INFORMANT NEW INTERVAL BETWEEN B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which; gave rise to immediate cause DUE TO (a) stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Holl 19. WAS AUTOPS 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) factory, street, office bldg., etc.) of work of work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection 14. Accident X Suicide . Homicide . Undetermined monner opinion death resulted from: Notural causes ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE PELLECO ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 226. REMOVAL (Specify) 0 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR '59

DATE

05453

IS RESIDENCE

PERFORMED?

(Stote)

ond in my

DATE SIGNED

(Stote)

ON A FARM? YES NO

VS. ATSME 5M 2/57

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sen signed by the attending physician and campletely filled in by the fug	ansit permit. Then please remave carban papers. Pages 1 and 2 should. filed with	17
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	3
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0545

L	5465	CERTIFICA	ATE OF DEATH	Re	g. Dist. No.
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived. If institution: R	Residence before admission)
	CARROLL	MARYLAND	MARYLAN	b. COUNTY A R	PROLL
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporote limits, write RURA	L and give nearest town)
1	INIONI KDINGE	25YEARS	UNION I	BRIDGE	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	BENEDUM ST		BENEDUM	ST	YES NO
3.	NAME OF First DECEASED	Middle		DATE Month	Day Year
	(Type or print) DAVID (7)	PANT H	ANN	DEATH AAY	4 19 59
5.	SEX . 6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED	8. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS.
	M WIDOW	ED DIVORCED	4/16/187	2 lost birthday) Mo	onths Days Hours Min.
10c	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
(CARPEIVTER	INISHING	MARY	LHND	US.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	E	
	ELI HANN		DEBORA	H STEN	1
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. i. no. og unlynown) [(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
1	1/0 1/0	NONE M	RS WILBURFO	WALF UNIL	IN REINGE MA
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	^ ^		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	everal ,	rebelili		ONSET AND DEATH
	422./ DUE TO 2.1				
	Conditions, if ony, which)	romi. m	reveard	itis	
	gove rise to immediate DUE TO	000 1000	1		
	couse (o), stoting the <u>under-</u> lying couse lost.				
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART I(o) 19. WAS AUTOPSY
CATI					PERFORMED? YES NO
TIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Port II of item 18.)	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL			ACE OF INJURY (Home, form, 2	Of. (City or town)	(County) (State)
WED	Hour o.m. While of work		tory, street, office bldg., etc.)		
	21. I certify that Lattended the deceas	ed from S-3-	- 10.59 to .5-	- 2- 1959th	at I lest services decreased
	alive an 6 - 7 - 19	7,	accurred of		on the date stated above.
	17.3	, did illai dedili		RESS (Street, city or town, state	
	ACTUAL SIGNATURE	Len	M.D. Ulucon	121 L	5-1-50
	SIGNATURE	79	M.U	1-10-00-175	
	PHYSICIAN'S NAME (Type) 1, H, VEG	GMB	UNI	ON BRI	DGE Mar
720	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 22d	LOCATION (City, town or co	unty) (Stote)
P	UK/HW 3/10/59	INT VIEW	CEM.	MION DR	DGE NID.
T	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Ada. REC'D BY		R'S SIGNATURE
1	2 M Herry W Zon	Mondre	Local Date MAY	12'59 arth	of S. Thouse

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1	5466 CERTIFICA	ATE OF DEATH Reg. Dist. No.
/	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) OTHER DESIGNATION OF THE PROPERTY OF T
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 RURAL AND	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) W//LL/AM - E Middle	HARE DEATH Mary 4 Day Year 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Opcil 14-1890 9. AGE (In years IVUNDER'1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS
	Jalu T Hare	Mactha Burchlitz
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Vel. no or unknown] [If yet, give wor or dates of service] 2/9-10-57687	- Mrg Edna Hare Manafrester Mu
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) auterroscle	entire Heart Persine Syrs
	gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO (c)	
)	Bulmonaun Empluser	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? A Chrome Bushilters YES NO
	OK CONTRIBUTING LI CAUSE OF DEATH	ED. (Enter nature of injury in Port 1 or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I ottended the deceosed from. Olive on May 3, 1957, and that death	n occurred of JP M, from the couses and on the dote stated above
,	ACTUAL SIGNATURE W/17 To owned	ADDRESS (Street, city or town, stote) DATE SIGNED M.D. MANChester 11 5/5/59
1	PHYSICIAN'S WH Found M.D	Manchester ud
	220. BURIAL, CREMATION, 22b. DATE THEREOF, BENOVAL (Specify) Muly 8/59 July 8	Received 22d. LOCATION (City, town, or county) Received 32d. LOCATION (City, town, or county)
	23 EUNERAL DIRECTOR'S SIGNATURE Hourstead	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE MAY 7 159 Orthog & Known

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5467 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	arroll		MARYLAN	II o. STATE	SIDENCE (WH		lived. If institution b. COUNTY	on: Residence bef	are admis	sion)
b. CITY OR TOWN (RURAL ond give no Sykes		s, write	c. LENGTH OF STAY IN 1	c. CITY OR		outside carpora	nte limits, write R	URAL ond give n	earest taw	n)
d. NAME OF HOSPITOR OR INSTITUTION Pullen	Nursing			d. STREET	ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ROBERT	if	Middle N •	HAUGH	ost	4. DATE OF DEATH	Man MAY	th 19.	lay	Year 1959
5. SEX male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED		тн -1872	9	last birthdoy) 86 yrs.	Months Days	R IF UND	DER 24 HRS. Min.
10a. USUAL OCCUPATION during most of wor 1abore 13. FATHER'S NAME	king life, even it retired)	lone 10b.	KIND OF BUSINESS OR IN general	Max	PLACE (State rylane 's MAIDEN N	đ	intry)	12. CITIZEN		T COUNTRY:
TO TATILA S TANK	John H	augh	1		Mary	3				
	R IN U. S. ARMED FORG (If yes, give war or dates of se			Mr. Edw:	in Ha	ugh,	Sykesv	ille, l	Md.	
Conditions, if o gove rise to i couse (o), stoting lying cause lost.	mmediate the under- (c)	Se	unlight, unic bri	les per	fut	ie, h	melily	musik 1	190 70 9 m	4 59
ICAT			CRIBE HOW INJURY OCCU					EN IN PART I(d)	PERFO	ORMED?
-	MEDICAL EXAMINER) Y Month, Day, Yea 19	r 20d. It While at worl	Not white	PLACE OF INJURY foctory, street, office	(Home, farm ce bldg., etc.	, 20f. (City o	or town)	(Caunty)	(State)
21. I certify the alive an	HOWARD E	195		JS, 19 oth accurred a					ate stat	deceased ed abave. ATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify)	5-22-1		Morgan C			22d. LOCATIO	ON (City, tawn, o		(Sta	le)
23. FUNERAL DIRECTOR	Waltz,	Wi	infield, Md			2 2 '59		TRAR'S SIGNATU		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5468 CERTIFICATE OF DEATH

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F DEATH	00
FDEATH	Reg. Dist. No.
DESIDENCE (M/h dd lim	d of the standard Building to the standard of

					Keg. Dist. IV	
1. PLACE OF DEATH • COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marylan		ed. If institution b. COUNTY	nı Residence bef	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) (Rural) Sykesville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a		A	IRAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street of or institution. Springfield State Hospi	tal.	d. STREET ADDRESS Unknown	1			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Charles	Middle Carl	Heinecke	4. DATE OF DEATH	Mont Ma		17 Year 59
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWE		8. DATE OF BIRTH 9-24-83	9. /	AGE (In years ost birthday) 75 yrs.	Months Days	R IF UNDER 24 HR Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1. TADORER 1. FATHER'S NAME	unknown	Maryland 14. MOTHER'S MAIDEN N		γ)	U.S.A	OF WHAT COUNT
Frederick Heinecke		Ar	na Feld	sman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	50CIAL SECURITY NO. 17.			Addre		tal
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) GS	e for (o), (b), and (c).]	nt foot			ON	TERVAL BETWEEN ISET AND DEATH
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> Call	teriosclerotic	riosclerosis.	severe			Cears .
PART II. OTHER SIGNIFICANT CONDITIONS CONTROL OF A DSYCHOLIC TEACTION 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIPTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ssociated with	n alconol into	oxicatio	n with	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port il o	of item 18.)		
Hour o. m. While	JURY OCCURRED 20e. Pi Nat while fa	ACE OF INJURY (Home, farm ctary, street, office bldg., etc	n, 20f. (City or	rown)	(County) (Stote
21. I certify that I attended the decease	ed from July 31	19 <u>. 55</u> , ta <u>l</u>	Yay 17	19. 59	that I last s	aw the decea
actual Signature Walty K	59,, and that death		ADDRESS (Street	, city or town, s	itote)	DATE SIGN
BUNGISIANIS OF THE STATE OF THE	.D.	Sykesvil	le, Mary	land		
220. BURIAL CREMATION, 226. DATE THEREOF SPENDS AND THE THEREOF SPENDS AND THE THEREOF SPENDS AND THE THEREOF SPENDS AND THE	22c. NAME OF CEMETERY C	owkidge	22d. LOCATION	Town, a	county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	e Han	. /	D BY REGISTRAR		TRAR'S SIGNATU	
130 E. Fac	Cea.					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be of the far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shat the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/55

	5	470	AIND	CERTIFI	CAT	E OF DEAT		.IIMORE, I	1	ist. No.	17 -	459
L	PLACE OF DEATH			MARYLAI	ND	USUAL RESIDENCE (Mo. STATE Mary	1and	b. COUNTY	Ca	rrol	1	
R	ural, Nr. V	lestminster		\$ LENGTH OF STAY IN 40 Yrs.	Ib X	ural, West					crest fowr	i)
L	d. NAME OF HOSPITA OR INSTITUTION WESTILLIS	ter, Md. I			1	d. STREET ADDRESS Westminste:	r, Md.	R. D. 2			e. IS RES ON A YES	IDENCE FARM? NO 📆
3.	NAME OF DECEASED (Type or print)	Leslie		Middle A .		vin	4. DATE OF DEATH	Mon May		26 Do		Year 19 59
L	Male	White	WIDOWE		3/	23/1883		9. AGE (In years last birthdoy) 76 yrs.	Months.	R I YEAR Days	Hours	R 24 HRS. Min.
L	Cook	N (Give kind of work on the life, even if retired		KIND OF BUSINESS OR II rivate Home		Washingto	on Co.			TIZEN O		COUNTRY
13.	FATHER'S NAME Samuel II	vin			1	Alice		Switcher				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dates of s	ervice)		Mrs.	Mabel Irv	in, We	stminster		. R.	D.2	
	PART I. DEAT	H (Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (o	01.	e for (o), (b), and (c).]	vca	ditis 2	myce	ardial			RVAL BE ET AND	
	Conditions, if any gave rise to im cause (o), stoling the lying cause last.	mediate DUE TO	10.75	llegene	icit		0				J	
CERTIFICATION	PART II. OTHE	Che	DITIONS C	ONTRIBUTING TO DEATH	do	ila			EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED? NO
	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	UNDERLYING CAUSE OF DEATH SEDICAL EXAMINER)	20b. DESC	BE HOW INJURY OCC	JRRED. (E	nler noture of injury in	Port I or Par	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. j., p. m.	Month, Day, Yea	While	IJURY OCCURRED 200 Not while at work	e. PLACE foctory	OF INJURY (Home, far, , street, office bldg., et	m, 20f. (Cit	y or town)		(County)		(Stote)
	21. I certify the alive on 5		decease		5 eath oc	, 19.58, to curred at 10:1.		n the causes a street, city optown.	ind on t		te state	deceased above ATE SIGNED
	PHYSICIAN'S NAME (Type)	1. L. F	To	TER M.	_ M.D.	12 W.KI)		T. LITT	ZES	Tou	J.N.	PA.
220	BURIAL, CREMATION REMOVAL (Specify)	5/29/59	F	St. Marys				TION (City, town, or Run, Ca		1 Co.	(Stote	

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24a. REC'D BY REGISTRAR

DATE

JUN 1

ADDRESS

Littlestown, Pa.

23. FUNERAL DIRECTOR'S SIGNATURE

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VS A15 (4) 15M 10/57

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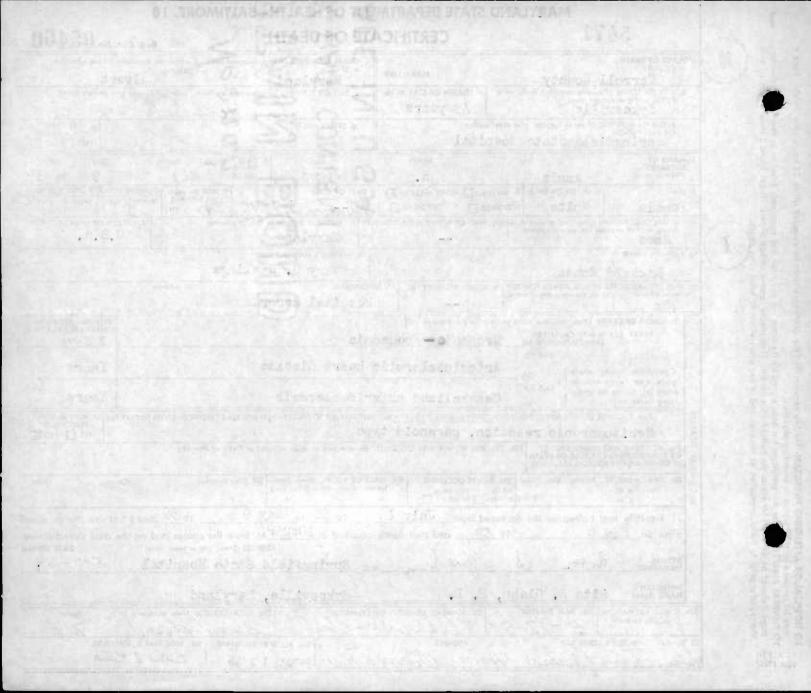
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5471 CERTIFICATE OF DEATH

Reg. Dist. No. () 546()

								MAR. DIST.	110.00
1. PLACE OF DEATH			AAABW		USUAL RESIDENCE (W	/here deceased li	ved. If institution	n: Residence	before admission)
	1 County		MARYLA	AND	Maryland		5. C00/W/	Calve	rt
b. CITY OR TOWN (If outside corporate limits	s, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF	puside corporol	limits, write RU	RAL and giv	re nearest town)
RURAL ond give n	rille		43 years		So	unde	rland	1. 0	4 X 2
OR INSTITUTION	TAL (If not in hospital, gi				d. STREET ADDRESS				e. IS RESIDENCE
Springs	Cield State	Hosp:	ital						ON A FARM? YES NO
3. NAME OF DECEASED	Firs	t	Middle		Lost	4. DATE	Month	1	Day Year
(Type or print)	Annie		R.		Jones	OF DEATH	May		9 19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. 9	ATE OF BIRTH	9.	0 . 1 . 1 . 1		YEAR IF UNDER 24 HRS.
Female	White	WIDOWED			wra 23,	18/1	80 угз.	Months D	ays Hours Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work d king life, even if retired)	one 10b. K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole	e or foreign coun	try)		EN OF WHAT COUNTRY?
None	3 5 17				Maryland			U	.S.A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN				
Richard					Mary G.	Hawling			
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of se-	ESP 16. S	OCIAL SECURITY NO.	17. INFO			Addre	33	
No				H	ospital Rec	cords			
18. CAUSE OF DEA	ATH [Enter only one cou	se per line	for (o), (b), and (c).]						INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Br	onchial Pne	umon	ia				2 days
420.0	DUE TO								
Conditions, if o	ny, which) (b),	Ar	teriosclero	otic :	heart dises	136		75.00	Years
gove rise to i	mmediate (DUS TO								
cause (o), stating lying cause last.	the under-	Ge	neralized a	arter	iosclerosis	3			Years
PART II. OTI	HER SIGNIFICANT COND		ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVE	N IN PART 1	(o) 19. WAS AUTOPSY
3 Schize	ophrenic rea	actio	n, paranoid	i typ	8				PERFORMED? YES NO K
OR CONTRIBUTING	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCC	CURRED. (E	nter nature of injury in	Port I or Part II	of item 1B.)		
3 20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. IN.	JURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, for	m, 20f. (City or	town)	(Cor	unty) (Stole)
20c. TIME OF INJUR Hour o. m.	19	While of work	Not while	foctory	, street, office bldg., etc	c.)			
			7.7	1	. 19 58 to M	lev Q	. 50		
	nat I ottended the	decease					, 19_77	that I la	st saw the deceased
alive onMa	¥-3	_, 12_5	Z, and that d	leath oc	curred of TU-Z				dote stated above
ACTUAL	2.10	9	01 00 8				t, city or town, st		DATE SIGNED
SIGNATURE	in tec	٥.	July	M.D	Springfie	1d State	a Hospit	al	5-9-59
PHYSICIAN'S NAME (Type)	Rita S. Gla	hn, l	M. D.		Sykesvill	e, Mary	land		
	N, 226. DATE THEREOF		22c. NAME OF GEMETI	ERY OR CI	EMATORY	22d. LOCATIO	N (City, Jown, gr	county)	(State)
REMOVAL (Specify)	5-12-	-59	all.	Sa	inlo	Sur	rdula	nd	med
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	4	24a. REC	D BY REGISTRA	R 24b. REGIST	RAR'S SIGN	ATURE
hle lehen	o Tremendo	H	me Illun	Mo	MAY DATESA	V 1 2 159	arth	un & 10	med



Maryland

MARYLAND

Carroll

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
o. STATE
b. COUNTY b. COUNTY

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)

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a. COUNTY

Carroll

b. CITY OR TOWN (If autside carporate limits, write | c. LENGTH OF STAY IN 1b

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the attending physician and completely filled in by the Then please remave carbon papers. Pages 1 and 2 sho hours ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECT
poge 3 should be a

VS A15 (4) 1SM 9/SS

the registrar priar

Sykesville (Ru		4 v. 3m. ld.	X Westminster				
d. NAME OF HOSPITAL (IF OR INSTITUTION Springfield S	nat in haspital, give stree State Hospit	oddress)	/d. STREET ADDRESS R.F.D. #1				IDENCE FARM? NO 17
3. NAME OF DECEASED (Type or print)	First Carrie	Middle Virginia	Koontz	4. DATE Mon	oth (Doy Y	rear 1959
	olor or race 7. MAI	RRIED NEVER MARRIED K	B. DATE OF BIRTH December 6, 1	9. AGE (In years lost birthday) 82 yrs.	Months Days		R 24 HRS. Min.
10a. USUAL OCCUPATION (Gi- during most of working life	ve kind of work done 10b e, even if retired)	. KIND OF BUSINESS OR INDU			12. CITIZEN		COUNTRY
Laborer 13. FATHER'S NAME			Maryland 14. MOTHER'S MAIDEN N		U	.S.A.	
Henry Koont	z		Mary				
15. WAS DECEASED EVER IN U (Yes. no. or unknown) No	I. S. ARMED FORCES? 16 give wor or dates of service)		INFORMANT Springfield St	ate Hospital !			
18. CAUSE OF DEATH [E		line far (a), (b), ond (c).] leural pneumon	ia		IN OF	TERVAL BET	IWEEN DEATH
Conditions, if ony, will gave rise to immedicause (a), staling the unitying couse lost.	der- DUE TO	rterioscleroti	c cardiovascul	ar disease		Years	
	n syndrome erioscleros	CONTRIBUTING TO PEATH BU ASSOCIATED WIT IS with psycho	h circulatory tic reaction.	ALECTION OF WAR	THE PART 1(0)	PERFOR	AUTOPSY RMED? NO 🔼
	DERLYING 206. DE LUSE OF DEATH CAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	art I ar Part II of item 18.)			
20c. TIME OF INJURY Ma Havr o. m. p. m.	While		LACE OF INJURY (Hame, form, actory, street, office bldg., etc.)		(County	1)	(State)
21. I certify that I delive on May 8 ACTUAL SIGNATURE	ottended the decea , 19 Though h	sed fram November 59 , and that death	accurred at 3:40 P	M, fram the causes of ADDRESS (Street, city or town,		ate state	decease d abave tte signe 5/59
PHYSICIAN'S KOT	nstantine We	ber, M. D.	Sykesv	ille, Maryland	d		
220. BURIAL, CREMATION, 22 REMOVAL (Specify) BUTIAL	5/11/59	St. Marys Cen		22d. LOCATION (City, town, of Silver Run, C		Co., N	
23. FUNERAL DIRECTOR'S SIGN	da. S	ADDRESS GITT	DATE MA		STRAR'S SIGNAT		
Richard A. Lit	tle, Little	stown, Pa.					

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eral directar, be filed with may be retained by the haspital or altending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the page 3 should be a med for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall the registrar prior to burial, cremation, or removal, and in any event within 72 house after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

	0 2 .	O O O O O O O O O O O O O O O O O O O			R	eg. Dist. No).
1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased live		Residence before	ore admission)
	Carroll	MARYLAND	Mary:	land	b. COUNTY	Balto	City
b. CITY OR TOWN (III RURAL ond give ne Sykesvill		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	Valley &	1 1 -	AL ond give ne timore	- V
d. NAME OF HOSPIT OR INSTITUTION Springfie	AL (If not in hospitol, give 1d State Hos	street address)	d. STREET ADDRESS	746 W. Imore /2/.	Lafayet	te /01.4	e. IS RESIDENCE ON A FARM? YES NO DE
R. NAME OF DECEASED (Type or print)	First	nifred Herbert	Lawrence	4. DATE OF DEATH	Month May	28,	oy Yeor 1959
S. SEX Female	7.72. A.A.	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH June 22, 18	l la		UNDER I YEAR	Hours Min.
0o. USUAL OCCUPATIO	N (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	or foreign country	1)	12. CITIZEN	OF WHAT COUNTRY
None		-	Ireland			U	nknown
3. FATHER'S NAME			14. MOTHER'S MAIDEN I				
John Her	Dert IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17.	Winifre	d Clark	Address		
	If yes, give wor or dates of service		Springfield I	Hospital	Records		
18. CAUSE OF DEA	TH [Enter only one couse	per line for (a), (b), and (c).]				INI	ERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	Arterioscleroti	c heart diseas	5e			Years
420.0	DUE TO						
Conditions, if or							
gove rise to in	\ DUE TO				1 4		
lying couse lost.) (c)_						
C.B.S. ass disea	er significant conditions of with distant psycone	ons contributing to DEATH BU of metab growt notic reaction	n or nutrition	n, with se	ndition Given	ain	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)		DESCRIBE HOW INJURY OCCURR					
20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form octory, street, office bldg., etc	n, 20f. (City or to	own)	(County)	(State)
21. I certify the	at I attended the de	ceased fram April 30	. 1957 to Ma	ay 28,	1959	that I last s	aw the decease
alive on Ma	y 28,	19 59 and that deat	h accurred at 11:00	AM, from the	e causes and	on the do	ate stated above
		0 ::		ADDRESS (Street,			DATE SIGNE
SIGNATURE	nes H	Baenne c	M.D. Springf:	ield Stat	te Hospi	tal	5/28/59
PHYSICIAN'S NAME (Type)	ves H. Boenn	ec. M.D.	Sykesvi:	lle, Mary	rland		
20. BURIAL, CREMATION		22c. NAME OF CEMETERY		22d. LOCATION		ounty)	(Stote)
REMOVAL (Specify)	6-1-1959				imore		Md.
3. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS) //		D BY REGISTRAR	1	AR'S SIGNATU	
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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5474 CERTIFICATE OF DEATH

	1 U.A. GERTINIO	0. 02/411		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUNTY	n: Residence befare admission) Ffederick
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Sykesville	c. LENGTH OF STAY IN 16 Lyr. 4mos. 2lda		utside corporate limits, write RU rick / (RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Springfield State Hospital	t address) B.1	d. STREET ADDRESS	nd St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Sarah Sal	billa Snyder	Littlefield	4. DATE Month OF May	Doy Year 5, 19 59
5. SEX Female 6. COLOR OR RACE 7. MAR WIDOW	THE THE THE THE THE	B. DATE OF BIRTH November 29,	I lost birthdoul	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b during most af warking life, even if retired) Housewife	KIND OF BUSINESS OR INDUS	New Jer	sey	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Thomas: E. Snyder		14. MOTHER'S MAIDEN N	ia Vanderveer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	,	NFORMANT Springfield H	ospital Record	
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. C. B. S. ASSOC. WILL CEPED	teriosclerotic			Years N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 18.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Manth, Day, Year 20d.		D. (Enter nature of injury in P ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State
	used fram December 59, and that death	occurred at 9:20P N.D. Springfiel Sykesville	M, from the causes and ADDRESS (Street, city or town, s	d an the date stated above tate) DATE SIGNET 5/6/59
23. FUNERAL DIRECTOR'S SIGNATURE ACTUAL HOLES HE	ADDRESS Juille,	MATERAY	BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

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gned by the attending physicion and completely filled in by permit. Then please remove carbon papers. Pages 1 and 2 in any event within 72 hours <u>after</u> death.

5475 CERTIFICATE OF DEATH

05464

Reg. Dist. No.

										HON. D	1811 140		
1,	PLACE OF DEATH	Carroll		MAR	YLAND	2. USUAL RESIDENCE O. STATE ME	E (Where d		ived. If institution b. COUNTY				ion)
	b. CITY OR TOWN RURAL and give Sykesvil	(If outside carporate liminearest town)	ts, write	c. LENGTH OF STATE		c. CITY OR TOWN	N (If outside		Part of the second	URAL and	give ned	- 4) v
	d. NAME OF HOSP OR INSTITUTION Spring!	ITAL (If not in hospitol, geld State H	osp11	tal		d. STREET ADDRI Bal	ess to. 3]	1.					FARM?
3.	NAME OF DECEASED (Type or print)	Fir J	ohn	Middl		alinski	1 (DATE OF DEATH	Mon May		22	,	Year 19 59
5.	Male Male	6. COLOR OR RACE White	7. MARRI WIDOWE			July 8,	1881	9.	AGE (In years last birthday) 77 yrs.	Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
100	during most of wo Carpent	ION (Give kind of work orking life, even if retired)	dane 10b.	KIND OF BUSINESS	OR INDUST	ry 11. BIRTHPLACE Polar		reign cour	itry)	12. CI		F WHAT	COUNTR
13.	Unknown	1				14. MOTHER'S MAI	DEN NAME						
15.	WAS DECEASED EV	ER IN U. S. ARMED FOR		213-12-00		FORMANT Springs	field	Hosp	ital Re		3		
		the under DUE TO	Hy			diovascul	ar dis	sease			ONS	rval BE ET AND Years	DEATH
CERTIFICATION		THER SIGNIFICANT CONTEST OF THE CONT								i'dh'a	RT 1(a) 1	9. WAS PERFO	
MEDICAL CERT	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea	or 20d. IN	JURY OCCURRED Not while	20e. PLA	. (Enter nature of inju CE OF INJURY (Hame ary, street, office bldg	, form, 20	Of. (City ar			(County)		(Stote)
ME	actual SIGNATURE	hund	decease	ed fram June		accurred at 8	field	, from tess (Street State	the causes a et, city or town, e Hospi	nd an i	last so	te state	decease ed abay ATE SIGNE 22/59
220		Edmund Lus ON, 226. DAJE THEREO		22c. NAME OF CEN					land N (City, town, c	r county)		(Stote	e)
6	REMOVAL (Specify	15/2/1	19	ST CT	0 4151	27 1110	/	por ,-	-B-0-		-		LTO

ADDRESS

240. REC'D BY REGISTRAR MAY 2 5 '59

24b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRE
page 3 should be TO HOSPITAL OR VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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VS A15 (4) 15M 10/57 W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5476 CERTIFICATE OF DEATH

	= · OCERTIFICA	ALE OF DEATH	Reg. D	ist. No.
1. PLACE OF DEATH O. COUNTY CURALL	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	prporate limits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION:	ovel	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ETTA -	- L - MAG	Lost 4. DAT OF DEA	2111	4 Doy Year
V LE	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 76-187	9. AGE (In years FUNDER lost birthday) Manths	R 1 YEAR IF UNDER 24 HR6. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10) during most of working life, even if retired)	lewn home	STRY 11. PIRTHPLACE (Stole or foreign	in country) 12. CI	TIZEN OF WHAT COUNTR
David M Bulhan	+	14. MOTHER'S MAIDEN NAME	ltrides	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. IF	NFORMANT	Lel, Mand	hester my
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	l Thumbs	reis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which) (b)	antenor	cleratic' / Lia	nt Derimo	5 ws
gave rise to immediate cause (a), stating the under-lying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LETHER, NOTIFY MEDICAL EXAMINER;	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or	Part II of item 18.)	
Haur a.m. Whil		ACE OF INJURY (Home, farm, 20f. (tary, street, affice bldg., etc.)	City or tawn)	(County) (State)
21. I certify that I ottended the decedalive on May 4 19	m r	. (36) 6.	4 , 1957 ,that I	
ACTUAL SIGNATURE W/ From	- col	1 1/	rom the couses and on the (Street, city or town, state)	DATE SIGNE
PHYSICIAN'S NAME (Type) WHF OF	rd MD.	March	ester M.	/
220. BURIAL, CREMATION, 226. DATE THEREOF, REMOVAL (Specify) Welly 7/5	22c. NAME OF CEMETERY OF	sty md 22d. 10	CATION (City, town, or county)	a (Stote)
23. SUNERAL DIRECTOR'S SIGNATURE	Hauchsterd	THE 240. REC'D BY REC	GISTRAR 246. REGISTRAR'S SI	GNATURE Haus

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessory please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farware to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yourse. TO FUNERAL DIRECT Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Leath, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15ME 5M 2/57

2

Item 20 Film 242 5-14-29 ams MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05466 Reg. Dist. No.

1.	o. COUNTY Car	rroll	547	7 MARYLAND	2. USUAL RESIDENCE (l. If institution: b. COUNTY	Residence before Montgo	
	b. CITY OR TOWN (IF ond give negres) lown] Sykesvi	outside corporate limits, writ Le	RURAL	8mos. 11days	c. CITY OR TOWN (I	If outside corporate li	mits, write RURA	L and give ned	grest town)
1		eld State		tal	d. STREET ADDRESS 9810 G	Georgia Av	е.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Fr:	ank	Middle Raleigh	Mason Lost	4. DATE OP DEATH	Month May	Doy 7,	Yeor 19 59
5.	Male	6. COLOR OF RACE White	7- MARRIE		May 22, 188	- I have be	(In years IF Ut (In years Mon (In years Mon		Hours Min.
10	during most of working Printer	N (Give kind of work life, even if retired)	2	IND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote Unitered)	or foreign couptry)	. 12	U.S.A	WHAT COUNTRY
	. FATHER'S NAME Unknown		Ma	son	14. MOTHER'S MAIDEN I	1	7 tug	hes	
13	NO NO	(If yes, give wor or dates at			Springfield S	State Hosp	ital Rec	cords	
	PART I. DEATH	ofe couse	Su	or (o), (b), and (c).] bdural hemorrh teriosclerotic			Se	2 1	AL SETWEEN Weeks
CERTIFICATION	C.B.S.ass	oc.with ce	rebral	NTRIBUTING TO DEATH BUT N arteriosclero	sis with psy	ycnotic re	action.		PERFORMED?
	PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING	Fell	, probably in	n some sort	of seizu	re		
MEDICAL	20c. TIME OF INJUR' Hour o. m. ⊷ p. m.	4/23/19		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, formory, street, office bldg., etc.)	Sykes		(County) Carrol	1 Md.
		//	Natural c	emains described aba auses [], Accident? Abb. M.D.	Suicide [],	Homicide [], XAMINER [] CAL EXAMINER []	ion 🗷, In- Undetermin		and in my DATE SIGNED 1959.
27	BURIAL, CREMATION REMOVAL (Specify)	5-11-5	9	22c. NAME OF CEMETERY OR	CREMATORY	27d. LOCATION IC	ity, lown, or could	niy)	(State)
23.	FUNERAL DIRECTOR'S	SIGNATURE	Co	ADDRESS	VV -		24b. REGISTRAR	S SIGNATURE	A

MARYLAND STATE DESCRIPTION OF HEALTH-BALTIMORE TO MEDICAL EXAMINER'S CERTIFICATE OF DEATH IN

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	Maintenant Majorda (2) et al. 1907 - Maintenant Majorda (2) et			
	Commission		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	II remain many date			

attending physician and campletely filled in by the Year

requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05467

5478 CERTIFICATE OF DEATH

Rea Dist No

34	4.5			Keg. Dist. No.
1. PLACE OF DEATH a. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (W		rian: Residence before admission) Y Balto.City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Springfield State Hospi		d. STREET ADDRESS 3903 E.Pr	att St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Enrico	Middle	Maulone	4. DATE M. OF MA	y Day Yeor 5 1959
5. SEX Male 6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH March 25, 18	9. AGE (In year last birthday)	Months Days Hours Min.
	kind of Business or Indu Retired-	STRY 11. BIRTHPLACE (Stote	or fareign country)	12.CITIZEN OF WHAT COUNTRY 1st papers
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Antonio Maulone			Cavatossi	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	213-07-7425	Springfield	d Hospital Rec	ords
IMMEDIATE CAUSE (0)	ne for (o), (b), and (c).]	heart disease		INTERVAL BETWEEN ONSET AND DEATH TEATS
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last. DUE TO DUE TO (b) Gen (c)	eralized arter	riosclerosis		Years
C.B.S. assoc.with cerebra Bronchoneumonia.	CONTRIBUTING TO DEATH BUT AT LET LOS CLET			19. WAS AUTOPSY PERFORMED? YES NO 1
-	Not while fo	ACE OF INJURY (Hame, for ctory, street, office bldg., et		(County) (State
21. I certify that I attended the decease	Campo.	M.D. Springfie	,	
220. BURIAL CREMATION, REMOVAL (Specify) Burial 120. DATE THEREOF REMOVAL (Specify) 120. DATE THEREOF	22c. NAME OF CEMETERY C	•	7401 Geman	Hill Rd.
23. FUNERAL DIRECTOR'S SIGNATURE Frauld Delland	322 S.Hig		1011 0 100	GISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that may be retained by haspiral ar affect this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit. The registrar priar to burial removing.

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May 9 1979 Shored Heart The Cheen Rain Re.

TIME CERTIFICATE OF DEATH

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		5479 CERTITION	9711	. OI DEAT			Reg. Dist	No.	
	Carroll	MARYLANI	D '	USUAL RESIDENCE (W. STATE Mary.	land	b. COUNTY	Ba:	Lto.Ci	ty
Sykesvi	(If outside corporate limits, wri	c. LENGTH OF STAY IN 11 4yrs.8mos.12	ll l	E. CITY OR TOWN (IF	outside corp	orote limits, write R	URAL and gi	ve nearest to	awn)
d. NAME OF HOS OR INSTITUTION Springs	PITAL (If not in hospitol, give street lead State Hospital)	reet oddress) pital		d. street address Unkn	own			10	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	First James	Coy		rdle	4. DATE OF DEATH	Mon May		Day 28,	Year 19 55
Male Male	White wo	MARRIED NEVER MARRIED OWED DIVORCED	Ma	arch 30, 1		lost birthday) 49 yrs.		Days Hou	ırs Min
during most of w	orking life, even if retired)	10b. KIND OF BUSINESS OR IN Maritime		Unknow	a	country) ·		S.A.	IAT COUN
3. FATHER'S NAME Unkno				Unknown					
S. WAS DECEASEDE (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? [If yes, give wor or dates of service]	16. SOCIAL SECURITY NO. 17 216-12-2249	NFOR	mant oringfield	Hospi	tal Recor			
	EATH [Enter only one couse poster was caused by: IMMEDIATE CAUSE (o)	er line for (o), (b), ond (c).] Rheumatic vulv	ulit	is, active				INTERVAL ONSET A	BETWEEN ND DEATH
Conditions, if gave rise to cause (a), statin lying cause las	ony, which (b) immediate g the under-	Rheumatic hear	t di	sease				Yea	rs
0	nsych	ns contributing to DEATH B. dist. other the color color of the color o					en in Part with	1(o) 19. W/ PEF YES	AS AUTOPS RFORMED?
OR CONTRIBUTION (IF EITHER, NOTI	NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Year 20	od. INJURY OCCURRED 20e.	PLACE C	OF INJURY (Home, for street, office bldg., et	m, 20f. (Cit	ty or town)	(Ce	ounty)	(Sta
21. I certify alive on Ma	that I attended the dec	del Emp	oth occ		A M, fro	Street, city or town, cate Hospi	ind an th	ast saw the date st	ne decerated about 51/28/5
NAME (Type) 220. BURIAL, CREMAT REMOVAL (Speci	ION, 22b. DATE THEREOF	22c. NAME OF CEMETER	OR CRE			ATION (City, town, o	or county)	Allo (S	Stote)
23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS .	, 50	240. REC	D BY REGIS		TRAR'S SIG	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 O FUNERAL DIRECT After this certificate has been signed by the attending physicion and campletely filled in by the page 3 should be a need for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, cremation, or removal, and in any event within 72 haups after death. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT
After this certificate has been signage 3 should be a few for use as the burial-transit VS A15 (4) 15M 9/55

real director, be filed with

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ESE . 01029 Trees Come Thinks Coleman atah I fak MILITED AND AND ADDRESS OF THE PARTY OF THE andaea ? In level history - to all order become with the few sides and the second section in the last Pita interestore metes le centra appre l'appre de la come de la co The state of the commence of t Table 1996 Gifteren St. Committee C ALL THE STATE OF THE STATE OF

FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5480

05469

MEDICAL EXAMINED'S CEDTIFICATE OF DEATH

3100 MEDICAL EXAMINER	Reg. Dist. No.
PLACE OF DEATH O. COUNTY MARYLANE MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE The explanate b. COUNTY Council
b. CITY OR TOWN (If autiside carporate limits, write RURAL and give decirest town) CLENGTH OF STAY IN 16 A FS r	c. CITY OR TOWN (If outs de corporale limits, write RURAL and give neurest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) VIOLET MAE	MILLER SEATH MAY 24 1959
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 1 - 15 - 1900 9. AGE In yors IFUNDER 1YEAR IF UNDER 24 Hol. 1 - 15 - 1900 9. AGE In yors IFUNDER 1YEAR IF UNDER 24 Hol. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDU during most of working life, eyen if relired) Thousand the common of the com	STRY 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME R BAKET	14. MOTHER'S MAIDEN NAME Bailey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (174. no. of withdown) If yes, give war or dates of service) 218-40-1589	informant Miller Joueylown Mf
18. CAUSE OF DEATH [Enter only one cause perfine for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	releasion men
420.1 DUE TO	
Conditions, if ony, which) (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl Hour a. m. While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City ar lown) (County) (Stole) ctory, street, office bldg., etc.)
21. I certify that I took charge of the remains described ab	pave, held an Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Natural causes Accident	, Suicide , Homicide , Undetermined manner
SIGNATURE SULLED MANSH	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S TAMES T. MARSH	DEPUTY MEDICAL EXAMINER D
270. BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) 5/27/59 Keysville Un	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
23_SUNERAL DIRECTOR'S, SIGNATURE ADDRESS	. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Tichard A. Lettle Littlestown,	Pa. DATE MAY 2 6 '59 Orthur & Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pending in lem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far ye es.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages—and 2 with the State Board and confits or its designated agent, prior to burial, cremation, or remayal, and in any every within 72 hours after death. 4 shauld be forwar VS. A15ME 5M 2/57

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your should be used as a burial-transit permit. File pages 1 and 2 with the State Board "isality, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

A should be forward by the should be forward by the should be signated agent.

2

VS. A15ME 5M 2/57

5481 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				Keg, Dist. 146.
1. PLACE OF DEATH g. COUNTY				ion: Residence before admission)
Carroll	MARYLAND	o. STATE Maryl	and b. COUNTY	Balto.City
CITY OR TOWN (If outside corporate limits, write RUR, and give nearest town).			utside corporote limits, write	RURAL and give nearest tawn)
Sykesville	15yrs.l4days.lb	os. Balti	more 18	3 VO1-4
d. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Springfield State Hos	pital	1637	Argonne Drive	YES NO
3. NAME OF First CTPS (Type or print) ETPS	Middle	Milleson	DATE Month OF DEATH MAY	22, Year 19 59
	MARRIED NEVER MARRIED . 8. DOWED DIVORCED .	March 26,190	lost Avirthday1	Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTI	Naryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Ernest Milleson		Nora Cadwa	lder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, no. Vynknown] (If yes, give wer or dates of service	1	FORMANT Springfield H	ospital Record	ls.
PART I. DEATH [Enter only one couse por part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocardihi Purulent br Epilopsy	on chitis	relitis.	INTERVAL BLTWEEN ONSEY AND DEATH
Psychosis with conve	ilsorder, epilepti	c deteriorati	One	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I	or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 1:30 RMC: 5/8/ 19 59	While Not while facts	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) Sykesville	(County) (Stote) Carroll Md.
21. I certify that I taok charge af		ve, held an Autopsy	A, Inspection A.	Inquiry X, and in my
opinion death resulted from: Nati	ural causes A. Accident	7. Suicide □. He	amicide . Undeter	mined manner
ACTUAL O 4 4	1			DATE SIGNED
SIGNATURE FRANCE	MAN	_M.D. CHIEF MEDICAL EXA		
EXAMINER'S James T. Mar	rsh, M.D.	ASSISTANT MEDICAL EX	The state of the s	5/22/59
220 BURIAL, CREMATION, 226. DATE THEREOF	9 22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City Jown, o	(State)
23. FUNERAL DIRECTOR'S, SIGNATURE	5305 Harlos	DATE	BY REGISTRAR 246. REGIS	TEAR'S, SIGNATURE

Item 21 Film ... by Phone to Dr. Marsh - 6/11/59 ams

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MATE OF THE the transport of the first term of the contract of the contrac There are the same of the same of HIGH TOTAL SECTION OF THE PARTY Man Farmer Department through the President Live Contract the state of the New Year Comments, who will be a second TENTION - BILLY grows - The transfer of the second of the the could be a report of anything the water problem account to anything to be desired. deres of some

VS A15 (4) ISM 10/57

ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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5482 CERTIFICATE OF DEATH

05471

Reg. Dist. No.

		-	O 100					Meg. Dist	1. 110,		
1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE o. STATE	(Where deceas	ed lived. If institution	ion: Residence	e before adm	ission)	
Car	roll		MARYL	AND	Maryland Garroll						
b. CITY OR TOWN (RURAL and give n	If outside corporate limit learnst town)	s, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN		orote limits, write F			wn)	
Rural Fr	rizzelburg		65 years		X Rura	1 Frizz	elhurg				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gi	ve street o	oddress)		d. STREET ADDRESS				ON	A FARM?	
3. NAME OF DECEASED (Type or print)	Firs Matti		Middle R.		Myers	4. DATE OF DEATI	May	nth	Day 8	Yeor 19 50	
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.	
Female	White	WIDOWE	- Laboratoria de la companya de la c		February 1		99 yrs.		Days Hour	s Min.	
10a. USUAL OCCUPATE	ON (Give kind of work d king life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (SI	ote or foreign	country)	12. CITIZ	ZEN OF WHA	AT COUNTRY	
Housewo			wn home	7	Marylan	d		· U	.S.A.		
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
	nuel Koont	-			Louis	a Mend	hey				
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. IN	FORMANT		Add	iress	9.19.3		
no				Mr.	Norman My	ers	Route #7	, West	minste	r, Md.	
	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ose per lin	e for (o), (b), and (c).]	se	why Re	nals	Reseas	e	ONSET AN	D DEATH	
Conditions, if o	DUE TO		1) Deca	ind	De Leg	every	m T				
gove rise to i couse (o), stoting lying couse lost.	mmediate (0	Revile	the	+ art	eris S	cleu	sis	Seu	eraf	
PART II. OT	HER SIGNIFICANT COND	OITIONS C	ONTRIBUTING TO DEAT	H PUT I	NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART	PERF	ORMED?	
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED	(Enter nature of injury	in Port I or Po	rt II of item 1B.)		9497		
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yea 19	While	Not while of work	Oe. PLA fact	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (Cit etc.)	y or town)	(Co	ounly)	(Stote)	
21. I certify th	nat I attended the	decease	d from Musica	he	J. 1959, to	may	8 , 1953	that I lo	ast saw the	e decease	
alive an M	448	_, 19 _	J, and that a	death	occurred at 2.4	57 M fra	m the causes	and an the	e date sta	ted abov	
ACTUAL SIGNATURE	Mela	-	Loois	1	11/01	ADORESS (Street, city or flown,	stole)		CALE SIGNE	
PHYSICIAN'S NAME (Type)						2011.05		/		11-1	
220. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEMET				TION (City, town,			ote)	
Burial		959	Krider's	Cer			tminster				
23. FUNERAL DIRECTOR		ess	ADDRESS			EC'D BY REGIS		STRAR'S SIGN	1 1 1		

MARY LABORATARY DEPARTMENT OF RESIDENCE STATISTICS OF STAT HTASE SO STADELICATE ff or the The call will be rates and the state of the st Frieder , washing the and the last of the last the l

The law requires that the death certificate be executed within 24 hours after death.

VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05472

5483 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAN	2. USUAL RESIDENCE (W		ved. If institution b. COUNTY		before admi	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, w	rite c. LENGTH OF STAY IN 1			e limits, write Rl	JRAL and giv	ve nearest tax	wn) V
		Lyrs.7mos.2	Adavs Baltin	nore		Val	- 4	
d. NAME OF HOSP	ITAL (If not in haspital, give :	street address)	d. STREET ADDRESS					ESIDENCE
Springfi	eld State Hos	pital	104 E.	Lanval	le St.			A FARM?
3. NAME OF DECEASED (Type or print)	First Hat	Middle nnah	Newbon	4. DATE OF DEATH	May		2, Day	19 59
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years		YEAR IF UNI	DER 24 HRS.
Female	0 00 A 1	DOWED DIVORCED	A 1 1 00 1	1877	lost birthdoy)	Months D	Doys Hours	s Min.
10a. USUAL OCCUPAT	ION (Give kind of wark dane	10b. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (State	or foreign coun	~~	12. CITIZI	EN OF WHAT	COUNTRY?
during most of wo	rking life, even if retired)		England			Unl	known	V
13. FATHER'S NAME	Retired Mai	Q	14. MOTHER'S MAIDEN I					
	•		Sara Co					
James Ne		Tell de avis acamerana I		CCOH				
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service		INFORMANT		Addr			
No	-		Springfield He	ospitai	Records	3		
C.B.S.as OB. S.as OR CONTRIBUTION (IF EITHER, NOTIF	immediate the under condition of the significant condition of the signific	ons contributing to death dist., with cer . Describe how injury occu	ebral arterios	Part I or Part II	of item 18.)	EN IN PART	PERF	NO T
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED 20e. While Not while of work of work	 PLACE OF INJURY (Home, form foctory, street, office bldg., etc. 	c.)			ounty)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Edmund Lustha ON, 22b. DATE THEREOF May 6, 19	22c. NAME OF CEMETER	oth accurred at4:37A M.D. Springfi Syke svil Y OR CREMATORY thedral	_M, from th ADDRESS (Stree eld Sta le, Mar	et, city or town, te Hosp: yland	d on the state) Ital or county)	date stote	
H.W.W	rears & Son	805. 7. Calu	ent St. DATEY	A '50	240. REGIS	0 4	TATORE	

YOU DEED THE PARTY OF THE P Most Line english south armill 104 S. Lamente St. L. Antique House Said Lair normal normal TRACTOR SECTION TO THE RESERVE OF THE PARTY microsia! brefrett. pent bereken bloomern? District Renal strong fathers be tented to the line of the land chronic classes because a will MAN did at coalers there are more data that eath data towns. . . . and the state of t The state of the s energy will declare the control of t The first state is all prints the fact that the first the first the first that the first the fir to their at events and the Will ambitual founds are and Burdad, Lery A. 1957 Mar Ottlinda Land a by excelding

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5484 CERTIFICATE OF DEATH

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								Kad. Dis	1. 140.			
1. PLACE OF DEATH o. COUNTY			MARYL		2. USUAL RESIDENCE (W	Vhere decease	d lived. If institution	anı Residenc	e before	admission)		
Carroll					Maryland City							
b. CITY OR TOWN (I	If autside corporate limi eorest town)	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write RI	JRAL and g	ive neare	st fown)		
Sykesvil			3 mo. 7 de	EVE	Baltimor	36		340	1/2-6	4		
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	give street	address)		d. STREET ADDRESS			4.4	e.	IS RESIDENCE ON A FARM?		
Springfie	eld State H	ospi	tal		513 N. C	astle	Street		,	YES NO T		
3. NAME OF DECEASED (Type or print)	Fir Ma www	st	Middle Hiers	++	last	4. DATE OF DEATH	Mani	th	Day	Year		
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		er Nohe		9. AGE (In years	IF UNDER 1	YEAR	19 59 UNDER 24 HRS.		
							lost birthday)			Hours Min.		
Female	White	WIDOW	- 00		July 28, 18		91 yrs.	100 000				
during mast of worl	king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	e ar fareign a	country)	12. CITI	ZEN OF	WHAT COUNTRY		
Housewife			-		Maryland			U.S	S.A.			
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
Lawrence	Hierstette	r			R	ose Ya	eger					
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	20 20	Addr	ess	7.1	7-13-1-11		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)			Springfield	Hospit	al Record	is	36			
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]						INTER	VAL BETWEEN		
PART I. DEA	TH WAS CAUSED BY:		Arteriosol	erni	ic heart di	20020				AND DEATH		
420.0	DUE TO		AI VOI TUSUI	ETO	ATC HEAT OUT	SEASE			1	ears		
Canditians, if o	ny, which) (b											
gave rise to i	mmediate (
lying couse last.	the under-											
_			CONTRIBUTING TO DEAT	TH BUT N	NOT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART	1/01/19	WAS AUTOPSY		
C.B.S. as	ssoc, with	soni	le brain di	99 a s	e, with psyc	chotic	reaction.	en in Pari		PERFORMED?		
PART II. OTH C.B.S. 8: OR. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in	Part I or Pa	rt II of item 18.)					
	Y Month, Doy, Yes	or 20d II	NJURY OCCURRED 2	20e. PLA	CE OF INJURY (Home, for	m. 20f (Cit	y or town)	10	ounty)	(Stote)		
Hour a. m.	19	While	Not while		ory, street, office bldg., et		, 0. 104111	(C	ooniyj	(31016)		
			k at work									
21. I certify th	at I attended the	deceas	ed from Februa	ary_	15, 19.59, to_1	lay 22	19.59	,that I le	ast saw	the deceased		
alive on May	y 22	19:	59, and that a	death	accurred at 11:00	_8M, fra	m the causes a	nd an th	e date	stated above		
0	,	1					treet, city ar town,			DATE SIGNED		
ACTUAL ZO	und a	Ju	schave.	> "	D. Springs	Meld S	State Hos	nitel	E	1/22/59		
310HATORA					الكادات المالية	~4-36-4-34 <u></u>	KANTAN-MAK	Andrew Appropria		4_~~~~~~		
PHYSICIAN'S NAME (Type)	Edmund Lust	haus	M.B.		Sykesyi	lle, l	Maryland					
220. BURIAL, CREMATIO	N, 22b. DATE THEREC		22c. NAME OF CEMET	ERY OR			TION (City, town, a	r county)		(State)		
BEMOYAL (Specify)	May 26.	-			mer Cemetery					()		
3. FUNERAL DIRECTOR		100	ADDRESS	cuee		D BY REGIS	Iltimore-6	TRAR'S SIG	NATURE			
		1270	Belair Roa	.2								
VALABOII I'E	arciar mone	TALL	DETAIL KOS	iu	DATE	AY 2 5 1	9 QN	Chung &	Thous			

sral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 D FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be a made for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shatter registrar prior to burial, cremation, or removal, and in any event within 72 hours after-death. moy be retained by the haspital or attending physician.

TO FUNERAL DIRECT
After this certificate has been si page 3 shauld be a med for use as the burial-transit

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VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEVALUATION OF SEALTH - BESTIMORE, 13

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5485 CERTIFICATE OF DEATH

Reg. Dist. No. (15474

1. PLACE OF DEATH o. COUNTY Carr	oll		MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission. STATE Maryland Baltimore						ssion)	
b. CITY OR TOWN I	(If outside corporate limit nearest town)	s, write	c. LENGTH OF STAY IN	и 16	c. CITY OR TOW	N (If outside corp	orote limits, write R	URAL ond	give nea	rest fow	(n) V
Rural - S			15 days		Baltin		C	3 X	- 2		
OR INSTITUTION	TAL (If not in hospitol, gi				d. STREET ADDR	ess et Elm Av	venue			ON	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	FREDERI		Middle AUGUST	OBEH	tost RENDER	4. DATE OF DEATH	Moi 5	nth	Do:	y	Yeor 19 59
5. SEX Male	6. COLOR OR RACE	7. MARR	D DIVORCED		8/22/186	6	9. AGE (In years lost birthdoy) 92 yrs.	Months	1 YEAR Doys	Hours	DER 24 HRS. Min.
10a. USUAL OCCUPATI during most of wo Janite	ON (Give kind of work d rking life, even if retired) OT	lone 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE German		country)	12. CII	US		T COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAI	DEN NAME					
UNKNO					UNKNOWN	To a fee					
(Yes. no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of se ATH [Enter only one case	rvice)	nk.	17. INFO		ingfield	Add 1 State H	ospit	_		ETWEEN
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-		eriosclerot								
CBS assoc	HER SIGNIFICANT CONE . with cere as underlying Cause of Death MEDICAL EXAMINER)	ebral		lerosi	s, with	psychoti	ic reacti		tT 1(o) 15	PERFO	AUTOPSY ORMED?
20c. TIME OF INJUI		While	JURY OCCURRED 2 Not while of work	Oe. PLACE factory	OF INJURY (Home , street, office bldg	e, farm, 20f. (Cit 3., etc.)	y or town)	(1	County)		(Stote)
21. I certify the alive on 5	hat I attended the /21	decease		leath oc	, 1959, to		m the causes of	and on t	last sa he dat	e stat	ed abave.
ACTUAL SIGNATURE PHYSICIAN'S	btmde 1. Gertrude M.	Green	S. M. D.	<u>)</u> M.D.	S		le, Maryl			5	/21/59
	ON, 22b. DATE THEREOI	F	22c. NAME OF CEMET				TION (City, town,	or county)		(Sto	te)
23. FUNERAL DIRECTOR		21	ADDRESS	emor		REC'D BY REGIS		STRAR'S SI		E	

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VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT Items 2,9 FilmG243	OF HEALTH—BALTIMORE, 18
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CERTIFICATE OF DEATH

			5/26		Reg. Dist. No.							
1. PLACE OF DEATH o. COUNTY Carre	211	=142	MAI	RYLAND	o. STATE	DENCE (Wh		d lived. If insti b. COUN			e admis	sion)
	If outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 16				rote limits, wri			rest tow	n)
	minster-Rur				XR	ural	Westn	inster				
OR INSTITUTION	TAL (If not in hospital, g			9-11	d. STREET		at ad	dress			ON	SIDENCE A FARM?
	ow View Con				NO	arre	T	dress			162	NO 🗆
3. NAME OF DECEASED (Type or print)	Fir	sf	Midd		lo		4. DATE OF DEATH		Aonth	Doy	у	Year
5. SEX	W.	7	Halbe		Pool		- DEATH	May	lie iiiii	29	,	19 59
Male	White	WIDOWE	D DIVORO		B. DATE OF BIRT	187	75	9. AGE (In yellost birthdo	Month		Hours	Min.
10a. USUAL OCCUPATION		done 10b.	KIND OF BUSINESS	OR INDU						CITIZEN OI	F WHA	COUNTRY
Stable of					Marv	Land.				TT C A		
3. FATHER'S NAME	peracor				14. MOTHER'S		AME		1	U.S.A		
) Willi	iam H. Pool	e			Sa	rah Me	alv					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. 11	NFORMANT			-	ddress			
no				W.	Halber	t Pool	e Jr.	. Gaith	ersbu	rg. M	ld.	
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	e for (o), (b), and (d	1.]		7	7 /	-	1			ETWEEN D DEATH
PART I. DEA	TH WAS CAUSED BY:		IN	2 19	va	X	the	LMIKI	A CAN	ONS	ET AND	DHATH
433.1	DUE TO					D	1	00	*		1	OLE
Conditions, if a	ony, which)	X	NITIA	JAK-) nn	. 1	wa	Wa	lin	n . 5	75	A. h
gove rise to i	mmediate		0000			1	_	-	J U	1	4	THE L
lying couse last.	the <u>under-</u> (c)				V				12		0
PART II. OTI	HER SIGNIFICANT CON	THONS C	ONTRIBUTING TO D	ENTH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	CONDITION	GIVEN IN P.	ART 1(o) 19	. WAS	AUTOPSY ORMED?
3 ~	de ra	De	- a D	10	MAK	MA	ale	Lors	157	1	YES [
PART II. OTI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	O. (Enter nature o	of injury in P	ort I or Por	I I of item 18.)		1		
\$ 20c. TIME OF INJUR		or 20d IN	JURY OCCURRED	20e Pt /	ACE OF INJURY	Home form	206 (Cib.	an tawa)		<i></i>		****
Hour o. m.	19	While	Not while	foc	tory, street, offic	e bldg., etc.)	or town)		(County)		(State)
₹ p. m.		of work	of work		- 11	2						
21. I certify th	at I attended the	decease	d from	2447	19	7, to_2		7, 19	2, that	I last sa	w the	decease
alive on V	May 29	1, 195	and the	at death	accurred at	275	M, fran	n the cause	and on	the date	e stat	edabav
~	DOL	A	04					reet, city of to				ATE SIGN
ACTUAL SIGNATURE	Nedry	UN	Jen	5	M.D	2.1	0/	hun	en	Qu	0	1291
PHYSICIAN'S	- D		1 111	1						_4		W/Z
NAME (Type)	> 1663	> C	VIII	130	PMG	·V	Me	MAN	W	M	1	Ma
220. BURIAL, CREMATIO		F	22c. NAME OF CE	METERY OF	CREMATORY		22d. LOCA	ION (City, tow	n, or county)	(510	(è)
REMOVAL (Specify) Buris			Central	Cemet	erv		Libe	rtytowr	. Fre	d. Co	1	vid.
23. FUNERAL DIRECTOR		Jus	ADDDECC				BY REGIST	RAR 246. RE	GISTRAR'S	SIGNATUR	E	
C.O.F	uss & Son		Taneytown	. Mar	vland	DATE	JUN 2	'59	Cirlin	ज इ. म	and	
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	ATE OF DEATH			
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VS A1S (4) 15M 9/58 M

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

5487 CERTIFICATE OF DEATH

Reg. Dist. NU5476

				II					1		
o. COUNTY	arroll		MARYLAND	2. USUAL RESIDENCE (W	here deceased yland	b. COUNTY	on: Residenc	e before ac	dmission)		
b. CITY OR TOWN RURAL ond give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	ryton		26 days	Baltimore 3 V 0 1 - 4							
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol, s	give street	oddress)	d. STREET ADDRESS	1 1 1 1 2 3			e. IS	RESIDENCE		
	enryton Sta	te Ho	spital	2849	Spelln	nan Road	500		S NO		
3. NAME OF DECEASED	Fi	st	Middle	Last	4. DATE OF	Mon	th	Day	Yeor		
(Type or print)	Cla	ra	Elizabet	h Powell	DEATH	5		17	1959		
5. SEX	6. COLOR OR RACE	7. MARR	RIED MEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)			INDER 24 HRS.		
Female	Negro	WIDOWI	ED DIVORCED	11-18-1921		37 yrs.	Months	Doys Ho	ours Min.		
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	e or foreign co	untry)	12. CITIZ	EN OF WH	AT COUNTRY?		
Housew	rife	'		Baltimor	e, Mary	rland	U	.S.A.			
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			1.55			
Robert	Woolford			Lillian	Dennis						
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT	SYSSE	Addr		100	7 143		
(Yes, no, or unknown)	(11) 51 9 15 15 15 15 15 15 15 15 15 15 15 15 15	u	ınknown	Clara E.	Powell	- Patie	ent				
Conditions, if gove rise to couse (a), stotin lying couse los	immediate DUE TO g the <u>under</u> t. (c) THER SIGNIFICANT CON	Far	rdiovascular in advanced bil	ateral pulmon	MINAL DISEASE	CONDITION GIV		PE	(AS AUTOPSY RFORMED? S NO		
20c. TIME OF INJU	1.	ar 20d. II	Not while f	ED. (Enter noture of injury in LACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City		(C	ounty)	(State)		
	that I attended the y 17,	deceas , 19 , N/a	sed from April 22 59, and that deat enlars M. 2	h occurred at 12:30	OM, from the Address (Strayton,	he causes an eet, city or town, Maryland	d an the stote)	date sta	ne deceased above. DATE SIGNED 5-17-59		
220. BURIAL, CREMAT REMOVAL (Specif	5-215-6	59.	22c. NAME OF COMETERN	OR CREMATORY OM	22d, LOCATI	ION Leity, town,	gought?		(Stote)		
23. FUNERAL DIRECTO	OR'S SIGNATURE	an.	ADDRESS 322 7 SCA		AY 2 0 '5		TRAR'S SIG				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5488 CERTIFICATE OF DEATH

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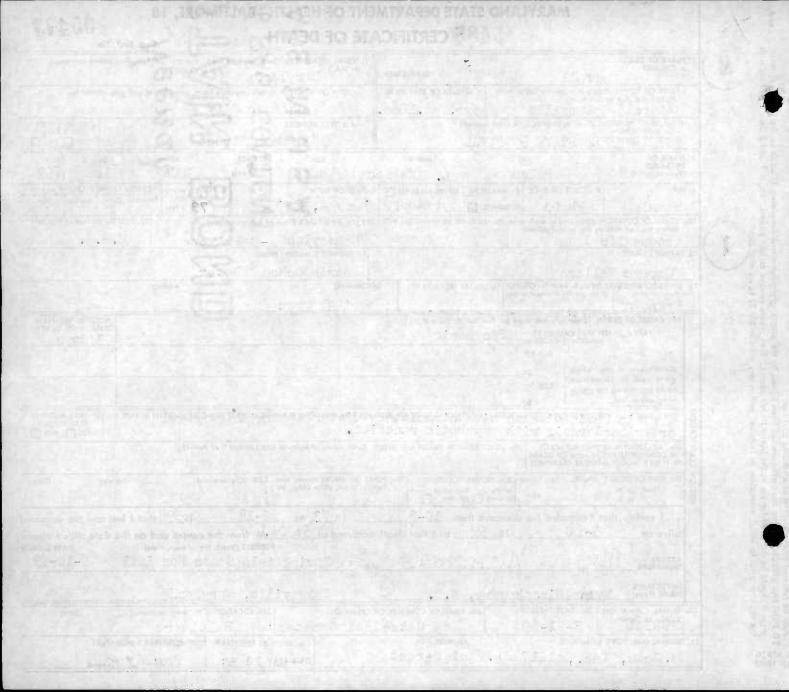
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR iter this certificate has been signed by the attending physician and completely filled in by the fill director, page 3 should be deformed for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs offer Leath.

VS A15 (4) 15M 10/57

										Keg. Di	31. 140.	
	1. PLACE OF DEATH o. COUNTY	arroll		MARYLA		USUAL RESIDENCE O. STATE Mar	ylan		lived. If instituti b. COUNTY		ice before od	Imission)
	b. CITY OR TOWN	If autside carparate limit	s, write	c. LENGTH OF STAY IN	l lb	c. CITY OR TOWN	N (If outs	ide corpore	ote limits, write R	URAL and	give nearest	lawn)
	(Rural)	Sykesville		5yr.7mo.10	da.	Bal	timo	re Ci	tv	3 V	01-4	4
	d. NAME OF HOSPI	TAL (If not in haspital, g	ive street			d. STREET ADDRE			- U		e. 15	RESIDENCE
	OR INSTITUTION SPRINGFI	ELD STATE F	HOSPI	TAL		1531	Bus	h Str	eet			S NO A
	3. NAME OF DECEASED (Type or print)	Fire Hele		Middle L. (Wa	llace	lost e) REED		OF DEATH	MAY	ith	Doy 18	Year 1959
-	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH	2016	1	AGE (In years		TYEAR IF U	JNDER 24 HRS.
1	Female	White	WIDOW	ED K DIVORCED	D J	une 4,18	79		lost-bighday) 79 yrs.	Months	Days Ho	ours Min.
	10a. USUAL OCCUPATI	ON (Give kind of work of	ane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or	fareign co	untry)	12. CIT	IZEN OF W	HAT COUNTRY
V	Housewif					Maryla	nd _	Ra1+	imono		U.S.A.	
<i>)</i> †	13. FATHER'S NAME				1	4. MOTHER'S MAIL			TIMOL 6		0 4 0 4 4 4	
	George W				100	Annie O	ahea	Но	ter			
ŀ		ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		CHSC	110	Add	ress		
1	(Yes, no. or unknown) Unknown	(It yes, give wor or dates of se	HAICE)		Hos	pital re	cord					
ŀ		ATH [Enter only one co	use per li	ne for (a) (b) and (c)]	1 1101	prode 10	COLG				LINITERVA	L BETWEEN
		ATH WAS CAUSED BY:	Pn	eumonia							ONSET A	AND DEATH
	493X	IMMEDIATE CAUSE (o	1 2 11	o unonza							3 a	ays
4		DUE TO										
	Conditions, if a	mmediate										
1	cause (a), stating										T.	
1	lying cause last.	,) (c)		CONTRIBUTION TO STATE	11 84 17 440	y heli arbo yoʻzur.	75814014		COMPANDE			
	Chronicor arterios 20a. ACCIDENT W OR CONTRIBUTING	clerosis wi	th p	sychotic re	actio	n.	I isalan	Manisewse	SCAR BASI	EN IN PAK	70	ERFORMED?
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter nature of inju	ry in Par	t For Part	II of item 18.)			
	20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Yea	While		0e. PLACE factory	OF INJURY (Hame , street, affice bldg	, form, 3., etc.)	20f. (City o	or tawn)	(6	County)	(State)
1	21. I certify th	hot I attended the	deceas	ed from 10-8		_, 19_53, to	5	-18	1959	thot I	last sow !	the decease
1	olive an	5-18	. 19	59_, and that d	leoth oc	curred at 5:	30A.	M, from				
1		Λ. Γ		,					eet, city or town,			DATE SIGNE
1	ACTUAL SIGNATURE	Myron	VV2	Duro 1014) MI	- Sprin	ngfi	eld S	tate Hoa	ipita]	5	-18-59
			1	\	X		-3					
1	PHYSICIAN'S NAME (Type)	Myron Nizan	kows	ky, M.D.	0	Sykes	svil	le, M	aryland			
f	220. BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR CR	REMATORY	22	d. LOCATI	ON (City, town,	ar county)		(State)
	REMOVAL (Specify	5-21-59)	New Cat	hedr	al Cemet	ery	В	altimor	е		
	23. FUNERAL DIRECTOR			ADDRESS		240.	REC'D 6	Y REGISTR	AR 24b. REGI	STRAR'S SIG	GNATURE	
	Wm.Cook,	Inc., 1217	St.	.Paul Stree	t	DAT	E MAY	21 '5	a a	Thun 8.	Kinya	
- 5												_



VS A1S (4) 15M 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5489CERTIFICATE OF DEATH

Reg. Dist. No. 05478

	PLACE OF DEATH o. COUNTY Ca	rroll		MARYLA		usual RESIDENCE (Wa. STATE	tion: Residen	ice before a	dmission)		
	RURAL ond give ne	outside corporote limorest tawn)	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	100	prote limits, write	RURAL ond	give nearest	town) 🗸
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, onryton Sta		address)		d. STREET ADDRESS		y Street			RESIDENCE ON A FARM?
3.	NAME OF DECEASED	Fi		Middle		Last	4. DATE		onth	Day	Yeor
	(Type or print)		ames	н.		Reed	DEATH	M	ay	11,	1959
5.	Male Male	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED /ED DIVORCED [12-11-1	7	9. AGE (In years last birthdoy)	Months		UNDER 24 HRS ours Min.
100	during most of work	N (Give kind of working life, even if retired	done 10b	. KIND OF BUSINESS OR I	NDUSTRY		_	ountry) Maryland		U. S	A.
13.	FATHER'S NAME	ohn Reed			1	4. MOTHER'S MAIDEN		ty Vaugh	n		
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Ade	dress		
	No	, , , g, te trail at a data et t		218-01-1613	Mi	ldred Reed		1	604 Be	rclay	St.
CERTIFICATION		nmediate DUE TO (continue of the under- continue of the under- conti	DITIONS	ar adv. pulmo	BUT NC	IT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PAR	P	VAS AUTOPSY ERFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED. (I	Enter noture of injury in	Port I or Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Ye	While			OF INJURY (Home, for , street, office bldg., et	rm, 20f. (City	y or town)	(1	County)	(Stote)
	ACTUAL SIGNATURE	dgurs M	., 19 Me	sed from April 59, and that described from lawy culans. Supt.	eath oo	Henry	AM, fram ADDRESS (S	the causes a treet, city or town	nd an the	e date st	
	NAME (Type) 177		11/2 200 11	THE REST LABOUR. AND PERSON.		HARRIED TO THEFT A				Anna	on, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5490 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05479

Reg. Dist. No.

1		o. COUNTY	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE New flesh b. COUNTY Of the County	
	b	and give nearest town)	IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
	d		155)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO	
	(Type or print) UEORGE - A - 1	24	B Close A. DATE OF Month Day Year 1959	
	5. S	7/1	_ /	2-31-1882 9. AGE In year TIE UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.	
	B. COUNTY DUTCH DU				
	13.	Jesse Ruly		Culling Leplas	
	15. Yes		17.IN	1. Pulley MA	
	TION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LACO DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO (c)	TH BUT NO	Occlusion ONSIT AND DEATH OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY	
		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		ster noture of injury in Port I or Part II of item 18.)	
7	MEDICA	Hour o. m. While Not while	20e. PLAC factor	E OF INJURY (Home, form, 120f. (City or town) (County) (State) ry, street, office bldg., etc.)	
5		opinion deoth resulted from: Notural couses X Acci	-	, Suicide , Homicide , Undetermined manner M.D. CHIEF MEDICAL EXAMINER DATE SIGNED	
4	220	NAMELYTICE) VAMES I YYIARSH		DEPUTY MEDICAL EXAMINER \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
	1	PLIMOVA (Specify) LILICAL FUNERA DIRECTOR'S SIGNATURE ADDRESS ADDRESS	ps	tend Cerroll Do Mik	
	23.0	de Stipton Hampl	tee	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A DATE MAY 1 9 '59 Anthony & Hunter	

VS. A15ME 5M 2/57

	THE RESIDENCE OF THE PROPERTY	
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VS A15 (4) 15M 10/57 精

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTH	MORE, 1	8

5493 CERTIFICATE OF DEATH

05480 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Carroll		MARYLAND	o. STATE	DENCE (W)		d lived. If instituti b. COUNTY			ission)	
RURAL ond giv	N (If autside carparate limite nearest tawn) eytown	M.F	c. LENGTH OF STAY IN 16		town (if a		rate timits, write f	RURAL and give	nearest to	wn)	
d. NAME OF HO OR INSTITUTIO	SPITAL (If nat in haspital, ç DN	give street o	address)	d. STREET		timore	Street		ON	RESIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)	fii Pear		Middle Eckard	Shor		4. DATE OF DEATH	More	nth	Day	Year	
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDER 1 Y Manths Da	-		
Female	White	WIDOWE	KIND OF BUSINESS OR INDU	Decembe:	r 30,	1882	76 yn.	112 (1717)		AT COUNTRY	
during most of v	working life, even if retired)	n home	Mary	land		soniry)		S.A.	AI COUNIKY	
	n W. Eckard	CES2 14 9	SOCIAL SECURITY NO. 17. I	INFORMANT	Susan	Alice	Althous				
(Yes, no, or unknown)	(If yes, give war or dates of s										
no				ohn Edwa	rd Sho	orb, T	aneytown				
	DEATH [Enter only one co DEATH WAS CAUSED BY:	Ca	e far (a), (b), and (c).		0	1	•		INTERVAL	D DE ATH	
1110	IMMEDIATE CAUSE (o		ul contain	racey	CIRC	una	1611	1	Jenn	mui	
420.1	DUE TO	C.		001		0					
gave rise to	fony, which) (b	100	Maryed	weller	ina	cler	lasks		10gra		
cause (a), stati	cause (a), stating the under.										
lying couse to	, (c)	CANTRIDITATION OF A SECTION						1		
PART II.	OTHER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE	CONDITION CIT	EN IN PART I	19. WA	S AUTOPSY FORMED?	
W 22	ocardia	e y	egenera	hon (Man	Spec	rific)		YES [NO B	
OR CONTRIBUTI	WAS UNDERLYING THE NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DESC	RIBÈ AOW INJURY OCCURRE	D. (Enter noture o	if injury in I	Port Var Part	II of item 18.)				
Y 20c. TIME OF IN.	m.	While		ACE OF INJURY (ctary, street, affic			or tawn)	(Cou	nty)	(State)	
21. I certify	that I offended the	decease	ed from	. 19	. to Will	ay 7	1959	,that I las	t sow th	e decenses	
alive on_Y		_ 19 5	9,, and that death			-0					
A COLUMN	- 0	~	1 /				reet, city ar town,		0010 310	DATE SIGNE	
ACTUAL SIGNATURE	E. Buckle	u N	hompeson	WD 49:	Fred	erech	ST. Tan	en Tore	M	15/8/	
PHYSICIAN'S NAME (Type)	E A. THOME	SON	U				in a afact cons	Ţ	. S. S. Grand		
	TION, 226. DATE THEREC	F	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)	(SI	ate)	
REMOVAL (Spec	May 9. 1	959	Lutheran Cer	meterv		1000	aneytown				
23. FUNERAL DIRECT	OR'S SIGNATURE	10)	ADDRESS			D BY REGIST	RAR 24b. REGI	STRAR'S SIGNA	TURE		
C.O.Fus			Taneytown, I	Marvland	DATE	1 1 '59	Chi	hug & the	444		

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VS A1S (4) 1SM 9/SB

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
54	493	CERTIFICATE	OF DEATH		

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY C	arroll		MARYLA	AND	2. USUAL RESIDENCE (\ a. STATE Maryla	Where decease	b. COUNTY		dence before timor		
b. CITY OR TOWN RURAL and giv. Sykesvi.	N (If autside carporote lim e nearest tawn)		c. LENGTH OF STAY IN		c. CITY OR TOWN (I	f outside corp	orote limits, write I	O 3	nd give ne	earest tow	n)
d. NAME OF HOS	SPITAL (If not in hospital, in the last of	ive street o	ddress)		d. STREET ADDRESS 8110 Harf		l.		<u> </u>	ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Eli	zabetl	Middle Purvi	.8	Sisco	4. DATE OF DEATH	, Mo	nth -		24 -	Year 19 59
s. sex Female	6. COLOR OR RACE White	7. MARRI	DIVORCED		B. DATE OF BIRTH 6-5-1864		9. AGE (In years lost birthdoy) 94 yrs.	IF UND Manth:		Hours	ER 24 HRS Min.
Housewife	ATION (Give kind af wark varking life, even if retired	done 10b. k	IND OF BUSINESS OR	INDUS	Penna.		country)		S.A.		COUNTRY
13. FATHER'S NAME	Oliver Pu	rvis			14. MOTHER'S MAIDEN						
15. WAS DECEASED E {Yes, no, or unknown}	EVER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.		ospital reco		Add	lress	ë		
PART I. I. Landitians, it gave rise to cause (a), stati lying couse la	f any, which to immediate any the under-st.	Gene	ricsclerct ralized Ar	ter	Heart Diseas				ye	ERVAL BI SEI AND BIS PAS.	DEATH
Cerebral	arterioscle	rosis	with psycl	hos:		•		VEN IN P	ART 1(o)	PERFC YES	ORMED2
	WAS UNDERLYING A NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRE	D. (Enter noture of injury i	n Part I ar Pa	rt II af item 18.)				
20c. TIME OF IN. Hour o. r	п.	While	JURY OCCURRED 2 Nat while at wark	fac	ACE OF INJURY (Hame, fo tary, street, affice bldg., e	rm, 20f. (Cit	y ar tawn)		(County		(State
alive an	that I attended the 5- 24 -	., 195! lel	Campse	death	occurred a 6.47 Springfi Sykesvil	P _{M, fram} Address (s	the causes are street, city or tawn	nd an t		e state	
22a. BURIAL, CREMA PEMOVAL (Spec	TION, 22b. DATE THEREO		22c. NAME OF CEMET	FRY OI	R CREMATORY	22d. LOCA	TION (City, town,	on,	N	(Sto	
23. FUNERAL DIRECTO	SHOWATURE .	1	ADDRESS DI	1	246. RE	C'D BY REGIS	TRAR 24b. REG		Than		

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MARYLAND STATE DEPARTMENT OF HEA
5494 CERTIFICATE OF DEA

05483

LTH-BALTIMORE, 18 759 cap Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) a. STATE b/COUNTY Clickel	0
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	ra
d. NAME OF HOSPITAL (It not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print) WALTER - Middle	SMITH 4. DATE Month Day Year DEATH MCLLY 14 19	(~
M WIDOWED DIVORCED	1100x 19-11/47 82 yrd	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COLUMN S. A.	UNTRY
13. FATHER'S NAME	Burbard Suith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. IN (18. no. or unknown) (18. yes, give wer or dates of service)	No Walter accitle Westmuster	rid
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Gerebral Arterio IMMEDIATE CAUSE (o)	sclerosis Interval Between	EEN P
Conditions, if ony, which gave rise to immediate cause (a), stating the under-	osis 2 week	ks
(A)	- Lad	TOPSY ED?
	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Have a. m. 19 While Not while fac twork at work	CCE OF INJURY (Home, farm, 20f. (City or tawn) (County) (tary, street, affice bldg., etc.)	(State)
	accurred at 10 a.M. from the causes and on the date stated of ADORESS (Street, city or town, state) Hampstead, Md 5/15	
PHYSICIAN'S NAME (Type) M.C. Porterfield	Hampstead, Md 5/15	/59
22a. BURIAL, CREMATION, 22b. DATE THEREOF. BENOVAL (Specify) 216/59 22c. NAME OF CEMETERY OF SULUMBER OF CEMETERY OF	iberg Seinell to mo	1
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS House Signature	Lee Bate MAY 1 9 159 arthur & Hours	

VS A15 (4) 15M 10/57

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05484

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

	a. COUNTY C	arroll		MARYLA	ND	a. STATE Man	ryland	b. COUNTY	Al	lleg	any	
	b. CITY OR TOWN (III RURAL and give ne Sykesvill	f autside carporate limi carest tawn)	ts, write	6yrs . 10mos		c. CITY OR TOWN ((If outside corpor unt Sava	- 11-	URAL and	give ned	arest taw	n) 🗸
	d. NAME OF HOSPIT. OR INSTITUTION Springfie	AL (If not in hospital, g	spit	address)		d. STREET ADDRESS	one				ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Harry	st	Middle Edward		Snyder	4. DATE OF DEATH	May	nth	14,		Year 19 59
S. :	Male Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED		May 27. 1	884	9. AGE (In years last birthday) 71 yrs.	Manths Manths	Days	Haurs	7
10a	USUAL OCCUPATION during mast af wark	DN (Give kind af wark in ing life, even if retired	dane 10b.	KIND OF BUSINESS OR I	INDUSTR		ate or foreign co	ountry)	12. CIT		S.A	COUNTRY
13.	James Sn	vder			-13	14. MOTHER'S MAIDE	Wasson					
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ringfield F		Records				
ION	Canditions, if ar gave rise to ir cause (a), stating lying cause last.	the <u>under-</u> DUE TO) G	rteriosclero eneralized a Contributing to Death st., with cer	erter	heart discring related to the te	is	E CONDITION GIV	VEN IN PAR	Y	ears ears	
MEDICAL CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Year	20b. DES	CRIBE HOW INJURY OCC	URRED. (in Part I ar Part	II af item 18.)	(1	Caunty)	YES [NO (State
ME	p. m. 21. I certify th	y 13, questin	decease 19_	ed from March	eath o	. 19 55, to 1 ccurred at 4:05 . Springf: Sykesvi	5AM, fram ADDRESS (Sr ield Sta	reet, city ar tawn, te Hospi	d an the		state	
P	BURIAL, CREMATION REMOVAL (Specify)	may 16,1	959	Reformed	_		Kno	TON (City, town,	mar	yla	(Sto	te)
23.	FUNERAL DIRECTOR	s signature	6	lug D. Fee	tes	md DATE	MAY 1 8 '5		STRAR'S SI			

by the fl executed within 24 haurs after in b campletely filled and requires that the death certificate be physician Then please certificate has been signed by ar attending physician. as the burial-transit TO FUNERAL DIRECTOR
page 3 shauld be de
the registrar priar to

TO HOSPITAL

VS A1S (4) 1SM 9/5B

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certificote VS A1S (4)

15M 9/58

05485

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore City 30 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE YES NO NO Month 59 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 63 yrs Months Days Hours yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH davs YES X NO (County) (Stote) 19 5 hat I last saw the deceased M, fram the causes and on the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) Springfield State Hospital. 22d. LOCATION (City, town or county) (State) 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5/10-7

CERTIFICATE OF DEATH

05486

O 307 CERTIFICATE	OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY ARROLL MARYLAND 2. U		If institution: Residence before admission) COUNTY ARRIVAL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c.	CITY OR TOWN (If outside corporate lim	nits, write RURAL and give nearest tawn)
UNION BRIDGE YEARS X	UNION BRI	DGE
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	MAIN ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	Lost 4. DATE OF	Manth Day Year
(Type or print) LOUIS FIRA STAU	FFER DEATH	MAY 3/ 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAT	E OF BIRTH 9. AGI	E (In years IF UNDER I YEAR IF UNDER 24 HRS. birthday) Manths Days Haurs Min.
MALE WITTE WIDOWED DIVORCED 1/-E	B4-1872 8	7 yes.
10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 1 during most of working life, even if retired)	BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DRUGGIST RETIKED	MARYLHND	0.0.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	ICHUES.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORM		Address
(14s. no. of enhann) (If yes, give more of dates of service) 218-32-3123 (FRA	CELYNN UNI	ON BRIDGE MA
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	J. 1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Carclese	Facture	
422.1 DUE TO M	· · /	
Canditians, if any, which gove rise to immediate (b)	in change	9
cause (a), stating the under-	mycards	tis
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONT	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF	er nature af injury in Part I ar Part II af i	tem 18.)
	F INJURY (Home, form, 20f. (City or taw treet, affice bldg., etc.)!	rn) (County) (State)
Haur a. m. P. m. 19 While Nat while at wark at wark	reer, dirice blog., etc.)	
21. I certify that I attended the deceased from 5-2-	1959, 10 0=3/-	, 19 5 7that I last saw the deceased
alive an 3-3/-, 1959, and that death accu	erred at 3:15 M, from the	causes and an the date stated above
n 11 H	ADDRESS (Street, ci	
SIGNATURE JIN ROYA M.D.	ellucy ?	Judy 110 531-1
PHYSICIAN'S T. H. LEG. GI MD.	UNION	BRIBGEMA
229 BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREM	SATORY 220- SOCATION (C	City, tawn, or daunty) (State)
BURITE 6/3/39 IPECREEK 23 FUNERAL DIRECTOR'S SIGNATURE 4 ADDRESS	CEM CARRI	OLL COUNTY /VID
De Jastely Son Ulyon Bridge	DATE MIN 3 '59	246. REGISTRAR'S SIGNATURE Onthey S. Kroun

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIRECTO. For this certificate has been signed by the attending physician and completely filled in by the fundamentary. D FUNERAL DIRECTOR for this certificate has been signed by the attending physician and campletely filled in by the fup page 3 should be detained for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

PRESCRIPTOR OF DEATH	E3 19 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
	A STATE OF THE STA	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 1713 Highland Drive YES NO Month Yeor May 19 9, AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH days few days years YES NO (Stote) (County)

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

1959 that I last saw the deceased ____, and that death accurred at 1:40P M, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED

22d. LOCATION (City, town, or county)

Springfield State Hospital

(Stole)

Sykesville, Maryland

4. DATE

DEATH

REMOVAL (Specify) BURIAL	5/23/59	ROCK CREEK CEMETERY	
FUNERAL DIRECTOR'S	MATHREY, INC.	ADDRESS SILVER SPRING, MD.	

WASHINGTON, D.C. 240. REC'D BY REGISTRAR

DATE MAY 2 6 '59

24b. REGISTRAR'S SIGNATURE arthur & Kraus

10 VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPA	RTMENT OF	HEALTH-BALTIMORE,	18
5	AOO CERTI	FICATE OF	DEATH	

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1. PLACE OF DEATH o. COUNTY	arroll		MARYLAND	2. USUAL RESID	12.5	nere decease	d lived. If institut b. COUNTY			nission)
b. CITY OR TOWN (RURAL and give n	If outside corporate lime earest town)	The second second	LENGTH OF STAY IN 16	11			prote limits, write	RURAL and g	give nearest to	own) 🗸
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OR INSTITUTION	field State			d. STREET AI		W. P	ratt St.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)		ijamin	Middle Franklin	Taylor		4. DATE OF DEATH	May		26,	Year 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH		4	9. AGE (In years lost birthdoy)	Months	Days Hou	
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b. KIN	ID OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State	or fareign c	country)	12.CITI	ZEN OF WHA	T COUNTRY
Shipping		7	Pucking	7				T	J.S.A.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
John Tay:		00000 14 000	CIAL CECURITY NO.	Sara INFORMANT	-		A 1	4		
(Yes, no, or unknown)	(If yes, give wor or dates of			526				dress		
No.		2/		Springfie	Id Ho	spita	1 Record	5	Lange Dicks	BETTA FEAT
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Amb	erioscleroti	c heart d	iseas	3e			ONSET AL	BETWEEN ND DEATH
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	her significant con onal melanc		ITRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMI	INAL DISEAS	E CONDITION GI	VEN IN PART	PEF	AS AUTOPSY REORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCCURRE	D. (Enter nature of	injury in	Part I or Por	rt II of item 1B.)			
20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Ye	20d. INJU While of wark	Not while fo	ACE OF INJURY (Hictory, street, affice	dame, farm bldg., etc	20f. (City	y or town)	(C	Caunty)	(State
21. I certify th	nat I attended the	deceased	from March 7,	1955	May	y 26,	1959	that I la	st saw the	decease
alive an Ma		19 59		accurred at						
	-4.	1 1	n /				itreet, city or town			ATE SIGNE
SIGNATURE	nestri	del	Campo	M.D. Sprin	gfie	ld Sta	te Hospi	tal	5/2	1/59
PHYSICIAN'S NAME (Type)	Agustin de	Campo	, M.D.	Sykes	ville	e, Mar	yland			
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THERE	OF 2	NEW ATK	OR CREMATORY		22d. LOCA	TION (City, town,	or county)	Ma	State)
23 FUNERAL DIRECTOR	SSIGNATORE	gal-	ADDRESSO	161		D BY REGIS		ISTRAR'S SIC		
Pennet /	towner	r 06/	OI The der	2114.	DATE	UN 1	59 0	-V	, 0,000	

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treatment affirmed. The Market Statement 3

VS A15 (4) 1SM 10/S7 0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5500 CERTIFICATE OF DEATH

Reg. Dist. No. 05490

1,	PLACE OF DEATH o. COUNTY Ga	arroll		MARYL		o. STATE	ence (Wi		lived. If instituti b. COUNTY	an: Residenc	e befare	admissi	ian)
	b. CITY OR TOWN (IF	outside corporate limit	s, write	c. LENGTH OF STAY I	N 16				ate limits, write R	URAL ond g	ive near	est tawn) V
		l - Sykesvi		7 Yrs.21	Mo.	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Baltimore City 3 V 0 / - 4							
3	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street o	ddress)		d. STREET AC	DDRESS				е	IS RESI	IDENCE FARM?
		Leld State	Hosp:	ital		20	6 S.	Gilmon	Street				NO 📆
3.	NAME OF DECEASED (Type or print)	Fir M in r		Middle Letit	40	Lost		4. DATE OF DEATH	Mon Ma		Day 23		Year 19 59
5.	SEX			ED NEVER MARRIE		DATE OF BIRTH			9. AGE (In years	IF UNDER			
	Female		WIDOWE			7-19-			last birthday)			Hours	Min.
104	usual occupation during most of work Taylor	ing life, even if retired)	lane 10b.	KIND OF BUSINESS OF	NDUST	RY 11. BIRTHPLA		ar fareign co	untry)		S.A		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME				-	
	James	Israel Par	sons			Sara	h An	n Kirb	y				
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN				Add	ress			
L	No	ir yes, give wor or outes or si		2-01-2336A	S	pringfie	ald S	tate H	ospital	Recor	ds		
		TH [Enter only one co	use per lin	e far (a), (b), and (c).]				The same				T AND	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Art	erioscle	roti	c:Catd	io V	ascul	ar Dis	9999	ONSE	Dav	
	422,1	DUE TO							(Acu				
	Candilions, if an	ny, which) the	Gene	ralized a	arte	riosel	eros	1 4			Y	ear	g
	gave rise to in	nmediate (~ V V						-	0012	~
	lying cause last.	(c)									150		
Z	PART II. OTH			ONTRIBUTING TO DEA	TH BUT N	IOT RELATED TO	THETERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19	WAS A	AUTOPSY
1CATI	Chronic	Brain sy	drom	e associa	ated	with	arte	riosc	lerosi			PERFO	NO T
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	L I CAUSE OF DEATH I	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in I	Part I ar Part	II of ilem 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	While	JURY OCCURRED Not while of work	20e. PLAC	E OF INJURY (H ary, street, office	lome, farm bldg., etc	20f. (City	or tawn)	(C	ounty)		(State)
	21. I certify the	at I attended the	deceose	d from Oct.	20	. 19 54	. ta	May 2	3 19 50	that I I	ast say	w the	decensed
				9, ond that									
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	ACTUAL 2	mund	Te	esthau		Sprin	ofial	d Stat	e Hognit	0.7		5.	_23_50
	SIGNATURE		4		M.	.DE.P	5	00 0000	C HOSPI	/Q.L		2	
	PHYSICIAN'S NAME (Type)	Edmund Lu	stha	us M.D.		Sykesy	ille.	Mary	and.				
220	BURIAL, CREMATION	N, 226. DATE THEREO	F	22c. NAME OF CEME	ERY OR			22d. LOCAT	ION (City, tawn,	or county)		(State	=)
Bu	PEMOVAL (Specify)	May 25/5	59	Western				Balt	imore, M	d.		100	
23.	FUNERAL DIRECTORS	STATE Dir	ecte	ADDRESS	271		24o. REC'	D BY REGISTI	RAR 24b. REGI	STRAR'S SIG	NATURE		115 6
4	01 Edmon		73	+ 4mana 29	M	Jan 515	DAMAY 2	2 5 '59	arthu	1 & tu	-uA		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 PLACE OF DEATH o. COUNTY MARYLAND acre b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give pearest town) cecetore d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NAME OF Middle DECEASED AYMOND (Type or print) 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 5. SEX DIVORCED | WIDOWED [papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) design most of working life, even if retired) and carbon 13. FATHER'S NAME physician oft remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. While Not while at work at work p. m. 21. I certify that I attended the deceased framand that death accurred at 8 9 alive on Mac ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DAJE THEREOF

MOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

05492 CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY arroll c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) celiero d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P 4. DATE Month Day Year ARNER DEATH 195 AGE (In years last birthday) FUNDER 1 YEAR IF UNDER 24 HE B. DATE OF BIRTH Months Days 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Mary INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) 1959, that I last saw the deceased M. fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

240. REC'D BY REGISTRAR

DATE

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24b. REGISTRAR'S SIGNATURE

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TO FUN page VS A15 (4) 15M 9/55

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Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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5502CERTIFICATE OF DEATH

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Dist					-

1. PLACE OF DEATH o. COUNTY Car	roll		MARYLAND	2. USUAL RESIDENCE o. STATE Mary		. If institution: Resi	dence before add	mission)
b. CITY OR TOWN (IF RURAL ond give nec Sykesvill	rest town)		GTH OF STAY IN 16 sllmths23d	1	(If outside corporate lin		nd give nearest t	own) 🗸
d. NAME OF HOSPITA OR INSTITUTION Springfi	eld State			d. STREET ADDRESS 3408 Fait			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Pir Day		Middle S.	Williams	4. DATE OF DEATH	Month 5-	8	Year 19 59
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED [B. DATE OF BIRTH 3- 16-1897	9. AG	E (In years IF UNI birthday) Monti	DER 1 YEAR IF UI	
10a. USUAL OCCUPATION during most of working Laborer	N (Give kind of work ng life, even if retired	done 10b, KIND O	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (SE			S.A.	AT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDE		allelait		
	vid Willia			Mary I	Cisner			
IS. WAS DECEASED EVER	IN U. S. ARMED FOR Fyes, give wor or dates of s			ospital reco	ords,Spring	Address &	Sykesvil ate H o sp	le,Md.
PART I. DEAT	mediote (1 Syp	ertense	hen her	et dis	esse		L BETWEEN ND DEATH
Iying couse lost. PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CULLE UNDERLYING CAUSE OF DEATH	. to e	erebro	NOT RELATED TO THETE AND LETTERS OF THE TENTE OF T	iosele	uses	PE	AS AUTOPSY REORMED? NO
20c. TIME OF INJURY Hour o. m. p. m.		While No		ACE OF INJURY (Home, foctory, street, office bldg.,		~n)	(County)	(State
actual SIGNATURE	at lattended the	1959 del C	and that death	, 1955, to accurred at 10.2 M.D. Sykesvil	M, fram the o	causes and an ity or town, stote)		e deceased ited abave DATE SIGNED 10-59
220. BURIAL, CREMATION REMOVAL (Specify) Burial	5/13/59	220. 1	iame of cemetery of			City, town, or coun	(Y) (S	Stote)
23. FUNERAL DIRECTOR'S Ullrich Fun		Al	DDRESS		EC'D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	

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VS A15 (4) 15M 9/55 151

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

5443 CERTIFICATE OF DEATH

M

05494 Reg. Dist. No.

1, PLACE OF DEATH 0. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out of corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) ANGOTE MARCHETTE 372000	27/Whitminester md.
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS
OR INSTITUTION 53 Classe II.	53 Chase- of Yes No B-
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) MARY JHNE	MIST DEATH MAP 9 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Out birthday) Months Days Hours Min.
100. DSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIKTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	the same of total and the same of the same
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sdevard Redaile	Suns- Sull.
	INFORMANT Address
(Yes, no. or unknown) 11 yes, give war or dates of service	mr R. G. Homa, in extremition ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: COPON ARY C	3 ce husion min
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Conditions, if any, which) (b) COTONARY IN	sufficiency years
gave rise to immediate cause (a), stating the under-	The Maria Maria Dosaca 3/200
lying cause last. (c) ARTERIOSCLER	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS LINDERLYING TO 200. DESCRIBE HOW INJURY OCCURRY	P. (Enter nature of injury in Part I ar Port II af item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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Hour c. m. P. m. 19 While Not while of work of work	
21. I certify that I attended the deceased from 3 - 1	1959, to 5-9- 19-9, that I last saw the decease
alive on 5 , 19 9 , and that death	h occurred a 32 A. M, from the causes and on the date stated abov
1 10	ADDRESS (Street, city or town, stote) DATE SIGNE
SIGNATURE TILLS I There h	M.D. 105 E 11101N St 3-9-5
PHYSICIAN'S JAMES T MARSH	Westurister Ml
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county) (State)
Derreal Anan 11, 1959 Voudont	orb amelon Bellemore me.
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. DEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Jenning Himme	2 MM- DATE MAY 1 1 '59 arthur & Kraus

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